



STUDENT ORGANIZATION REQUEST FOR EVENTS WITH ALCOHOL

ACKNOWLEDGEMENT OF RESPONSIBILITY FORM

I have read and understand the John Carroll University policies and risk management procedures for student organization events with alcohol. I understand my personal responsibility for ensuring compliance with all John Carroll University Community Standards and risk management practices and policies.

Please complete this form with all required signatures and contact information. Make a copy of this form and upload it with the other required attachments to the on-line form "Student Organization Request for Events with Alcohol". Your event will not be approved without this signature form.

President: _____

Print Name	Phone #	Signature	Date
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Event Planner: _____

Print Name	Phone #	Signature	Date
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Advisor: _____

Print Name	Phone #	Signature	Date
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Venue Manager: _____

Print Name	Phone #	Signature	Date
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