BAR SERVICE APPLICATION

SALE BAR (CASH BAR)

NO SALE BAR (HOST BAR)

**APPLICATION MUST BE SUBMITTED 14 DAYS IN ADVANCE OF ANY FUNCTION*

| FU | N | CT | 0 | N | D | ET | A | LS |
|----|---|----|---|---|---|----|---|----|
| | | | | | | | | |

| NAME OF APPLICANT (please print) Ext. | | | | | | | | | |
|---------------------------------------|----------------|------------|--|-------------|-------------|--|--|--|--|
| (must be full-time | e faculty or s | staff memb | per and AT | TEND the fu | nction) | | | | |
| Room Name | Maximum Number | | Number Expected | | | | | | |
| Executive Dining Room | 2 | _ | | | | | | | |
| Paul Martin Centre | 160 | | | | | | | | |
| Senate and Board Chamber | 240 | | | | | | | | |
| Senate and Board Cmbr Foyer | 90 | | | | | | | | |
| Dining Hall Main Floor/Solarium | 588 | | | | | | | | |
| Alumni Hall Boardroom | 6 | 5 | | | | | | | |
| Science Building Courtyard | 300 | | | | | | | | |
| KPMG Atrium (SBE) | 200 | | | | | | | | |
| Aird Foyer | 328 | | | | | | | | |
| Lucinda House | 50 | | | | | | | | |
| Other: | | | | | | | | | |
| Date of Function: | | | | | | | | | |
| Start Time: | | End Time | : | | | | | | |
| Name of Organization/Group: | I | | | | | | | | |
| Nature of Function: | | | | | | | | | |
| University Account Number: | | | | | | | | | |
| Other Method of Payment: | | | | | | | | | |
| | RAGE ORDE | | 1 | 1 | () | | | | |
| LIQUOR | | | ISSUED | RETURNS | CONSUMPTION | | | | |
| SPECIAL REQUEST ONLY | | | | | | | | | |
| BEER - DOMESTIC | | | | | | | | | |
| MOLSON CANADIAN | | | | | | | | | |
| COORS LIGHT | | | | | | | | | |
| | | | | | | | | | |
| BEER - PREMIUM | | | | | | | | | |
| ALEXANDER KEITH'S | | | | | | | | | |
| STEAMWHISTLE | + | | | | | | | | |
| WATERLOO DARK | | | | | | | | | |
| | | | | | | | | | |
| WINE (select one brand) | Т | | | | | | | | |
| HOUSE WHITE | | | | | | | | | |
| HOUSE RED | | | | | | | | | |
| OTHER: | | | | | | | | | |
| OTHER: | 1 | | | | | | | | |
| | *CONTACT | FOOD SER' | VICES FOR ' | WINE SELEC | TION | | | | |
| OTHER (NON ALCOHOLIC) | Т | | | | | | | | |
| SOFT DRINKS | | | | | | | | | |
| PERRIER | 1 | | | | | | | | |
| BOTTLED WATER | | | | | | | | | |
| JUICE | | | | | | | | | |
| | | APPRO | VALS | | | | | | |
| I UNDERSTANI |) AND AGRE | E TO ADHE | RE TO THE | POLICIES A | S DESCRIBED | | | | |
| | I | | | | | | | | |
| | | | | | | | | | |
| Applicant Signature | | | Signature (Dean or Director, other than Applicant) | | | | | | |
| | | | | | | | | | |
| WLU Food Services Signature | | | Date of Application | | | | | | |