

Event Name:

EVENT DETAILS: Title: (S a) (E d)

Location: _____ Address: _____

Event Dates: _____

Department: _____

Department Chair Name: Y _____ N _____ Contact # _____

ALCOHOL SERVICE:

Alcohol service requires the use of a caterer approved for alcohol service. Please see www.wichita.edu/wsucatering

Name of Caterer: _____

Phone: _____ State: _____ Zip: _____

Phone Number: _____ Has Liability Insurance: Y _____ N _____

Off-campus groups are required to have liability insurance. A copy of the policy must be attached to this completed form and show WSU, WSU ICAA, and WSU Union Corporation, Inc. as additional insured.

Department Chair Name: Y _____ N _____

Insurance Company: _____

Contact Person: _____