



Appendix A: Event Involving Alcohol Plan

Name / Position of Event Organizer:

Event Organizer Cell Phone *(method of contact during event):*

Event Name:

Event Date:

Event Start Time:

Event Finish Time:

Event Location	Room Number (include Business name and address if off campus)
<input type="checkbox"/> College of the Rockies <i>Select campus below</i> <ul style="list-style-type: none"> <input type="checkbox"/> Cranbrook <input type="checkbox"/> Creston <input type="checkbox"/> Fernie <input type="checkbox"/> Gold Creek <input type="checkbox"/> Golden <input type="checkbox"/> Invermere <input type="checkbox"/> Kimberley <input type="checkbox"/> Off-campus	

NOTE

Draft of Rental/Use of Space agreement for off campus events must be provided to Contract & Risk Management Advisor for review

Event Description: (Briefly describe the purpose of the event and nature of activities)

Is the event being catered by the Colleges' food services provider? Yes No

If *NO*, please provide the name of the caterer:

NOTE: The caterer must hold a catering license or catering endorsement from the British Columbia Liquor Control and Licensing Branch.

Number of Participants: Employees Students Other

As the event organizer, I understand that I am responsible for oversight of the event, required to be present for the duration of the event, and not permitted to consume alcohol while in attendance.

Signature of Event Organizer

Date

Signature of Responsible Officer

Date

Supporting Documentation included:

Risk Register – Appendix B Participant Waivers *(if determined to be required)*

Once complete, please submit *Event Involving Alcohol Plan Form* to:

1. Facilities Department *(for review)*
2. Office of the Vice President Academic and Applied Research *(for review and approval)*