NDSU Student Organization
Alcohol Risk Management Assessment

*This form needs to be submitted to the Student Activities Office two(2) weeks prior to event (see section 3.7 of the student code of conduct)
All Organizations must comply with NDSU Policy 155 (Alcohol and other drugs: Unlawful and unauthorized use by students and employees.).

Contact Information:

Student Organization: Event Coordinator:

Faculty/Staff Adviser: Event Coordinator NDSU Email:

Event Information:

Date*:   Start Time: End Time:

Event Name: Estimated Attendance:

Location and Address:

Description:

Target Audience:
(check all that apply)

☐ NDSU Student - Members Only   ☐ NDSU Students - Potential Members   ☐ NDSU Students - Open to All

☐ Faculty/Staff   ☐ Alumni   ☐ General Public

☐ Other _____

Alcohol Risk Management Checklist

Element	Organizational Information (Complete this section as thoroughly as possible. Use additional paper and attach to form if needed.)
1. Identified Security (name of company and contact number)	
2. Specific Plan for Control of Alcohol (i.e. Checking Ids, Wristbands, etc.)	
3. Guest List (must include all attendees and full names of each guest)	**Please attach list to paperwork when submitting form**
4. Bartender Service Secured (name of company and contact number)	
5. Sober Monitors Identified (Please list name (s) of all monitors)	
6. Safe and Sober Transportation Identified (Please list name(s) and numbers)	
7. Type of Alternative Food (Non-Salty) and Beverage Provided	

Official Signatures

As the event coordinator, I verify that the information in this notification form is true and accurate to the best of my knowledge.

_____   _____   _____
Event Coordinator Name Printed Here   Phone Number   Signature

As officer of the organization involved, I verify that all required elements on this notification form will be followed. I understand that if any of these required elements are neglected or if any of University policies are violated, my organization will be held accountable.

_____   _____   _____
President Name Printed Here   Phone Number   Signature

As adviser of the organization involved, I verify that the information in this notification form is true and accurate to the best of my knowledge.

_____   _____   _____
Faculty/Staff Adviser Name Printed Here   Phone Number   Signature