MANDATORY PROCEDURES FOR THE USE OF ALCOHOL ON CAMPUS
OR DURING COLLEGE SPONSORED EVENTS

1.0 PURPOSE

These Procedures describe the process that will be used by the College to review requests for allowing alcohol beverages to be available during events that are either held on College Property or are sponsored by the College (each individually referred to as “an “Event”. When the term “Event” is used in these Procedures it means any College gathering where alcohol will be available). The Procedures are not intended to change the existing substantive policies dealing with the permitted uses of alcohol on campus or on College owned or rented property (“College Property”). Those policies are recited in the Employee Drug and Alcohol Abuse Policy (for faculty and other employees) and in the Student Handbook and other publications directed to students (for students and student organizations).

Events include gatherings that are --

(a) sponsored by the College or an approved College organization to take place on or off College Property;

(b) advertised or promoted using the name and/or resources of the College;

(c) held off College Property, but using student fees or other College resources to finance the Event; or

(d) held on College Property by third-parties.

2.0 IDENTIFICATION AND RANKING OF RISKS

2.1 Categories. The purposes for an Event can be diverse and may include such matters as raising funds for the College, enhancing the College’s public image, hosting Alumni gatherings or other cultural, social or professional meetings, or merely providing a meeting place or performance space for third-parties not affiliated with the College. In general, however, these Procedures recognize three different types of entities that may host an Event. The types of entities that may host an Event are categorized as follows:
(a) **Affiliate or Third-Party Sponsored Events:** These Events could be hosted by the College Foundation, the College Alumni Association or non-affiliated third-parties such as a business, a non-profit organization or other legal entity.

(b) **Student Sponsored Events:** These Event would include those sponsored by an approved student organization, such as a sorority or a fraternity, as well as, any other approved group or organization of students.

(c) **College Employee or College Sponsored Events:** These Events would be hosted by the President, Board of Trustees, the Faculty Senate, a School or a department, a College manager, or any recognized academic or employee unit or organization.

### 2.2 Risk Assessment

When determining the risk of alcohol abuse associated with an Event, College reviewing authorities will consider at least the following factors:

(a) the location of the Event;

(b) the number of underage students or other underage persons who are expected to be in attendance as guests;

(c) the number of underage persons who will have access to the Event by, for example, working as servers or volunteers;

(d) the sponsor of the Event;

(e) the history of the Event and of the conduct of participants during the Event;

(f) the estimated number of total guests to attend the Event;

(g) the primary purpose of the Event; and

(h) the publicity surrounding the Event and/or the public perception of the Event.
2.3 Standards. The considerations and standards used by the College to review an application for an Event shall include the following:

(a) The College will not approve an Event if, in the exercise of its sole discretion, it has determined that holding the Event will present an unreasonable risk to the health or safety of the College community and/or to the property of the College, or that the Event will be conducted in a way that would portray the College or the members of the College Community in a false light or otherwise subject it or them to public ridicule or disgrace.

(b) The higher the risk assessment, the more stringent shall be the requirements of the Alcohol Management Plan described in section 3.3.

3.0 APPROVAL PROCESS

3.1 All sponsors of Events must complete and submit the appropriate approval form to the College office having management responsibility of the College site. Sponsors of Affiliate or Third-Party Sponsored Events, Student Sponsored Events, or College Employee or College Sponsored Events utilizing College owned or rented property shall complete the form entitled Facility Reservation Request Form. If the Event is a student Event, the sponsor is to complete the Form entitled Authorization to Host Student Event even if the Event is to be held on other than College Property. If the Student Sponsored Event is to be held on College Property, both Forms must be completed.

3.2 If any alcohol will be available at a student sponsored Event, there shall be a conclusive presumption that underage students will be in attendance.

3.3 The Alcohol Management Plan referred to in each Form described in section 3.1 shall be required for every Event where alcohol will be served. Depending on the risk assessment made pursuant to Section 2.2, the alcohol management plan shall address the following issues with the specificity needed to adequately address the perceived risk:

(a) how the organization will prevent underage persons from having access to alcohol;

(b) the type and amount of alcohol that will be available at the Event;

(c) the type and amount of food that will be served;
(d) the starting time and ending time of the Event;

(e) the Event security that will be provided by the organization members themselves;

(f) the number of police requested from College Public Safety, or if the Event is to be held off campus, a description of the security available; and

(g) if a Student Sponsored Event, appropriate acknowledgement that Public Safety will contact the Student Affairs staff member on-call if a police action is required or similar serious or exigent circumstance arises.

3.4 In addition to any other Form that may be required to rent or use a College facility or to rent or use a site not located on College Property (if any), all Forms for Events, described in Section 3.1, where alcohol will be available must be pre-approved by the Department of Public Safety before the Event may be held. In addition to the requirements of the preceding sentence,

(a) all Forms for Student Sponsored Events, including those prepared by recognized student organizations, must also be pre-approved by the Office of Student Life or Office of Greek Life, as appropriate; and

(b) all Forms for other than student Events where alcohol will be available shall also be pre-approved by the College’s Director of Events.

4.0 ON CAMPUS ALCOHOL SERVICE PROVIDERS

Notwithstanding any other provision of these Procedures to the contrary, the College’s Director of Events is authorized to review the licensure of any alcohol service provider that is named for a particular Event. The Director shall also issue such guidance as may be appropriate, from time to time, to promote the safe use of alcohol during approved Events including, but not limited to, the training of alcohol servers. The Director will act for the Office of the President in all such matters.

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FACILITY RESERVATION REQUEST FORM

PLEASE TYPE OR PRINT THE REQUESTED INFORMATION BELOW. ILLEGIBLE INFORMATION WILL DELAY THE PROCESSING OF THIS FORM.

A. Contact Information

Sponsoring Department/Organization/Company ____________________________________________

Group Type: ____ Student Organization ____ Faculty/Staff ____ Off-Campus Organization/Company

Contact Person / Advisor Name (if applicable) ____________________________________________

Mailing Address __________________________________________________________ City _______ State _______ Zip _______

E-mail Address ___________________________ Phone ___________________________ Fax ____________________________

Students, faculty, and staff must provide a valid CofC email address. Student organization rental fees are only available to individuals with an Edisto email account. Faculty/Staff rental fees are only available to individuals with a CofC email account.

B. Event Information

Event Title ____________________________ Date(s) of Event ____________________________

Is this a recurring event? If yes, please explain the recurring pattern (weekly, monthly, etc.) and list ALL dates requested: ____________________________________________________________


Attendees Include: __ Organization Members Only ___ CofC Students ___ CofC Faculty/Staff ___ General Public

Estimated Attendance _____________ Tickets/Admission Charged ___Yes ___ No

Nature of Event:

☐ Information Table ☐ Sales Table ☐ Organization Meeting ☐ Lecture ☐ Movie ☐ Party ☐ Banquet
☐ Other

Detailed Description of Event (describe ALL activities included in proposed event):

Will food and beverages be served? ___ Yes ___ No

Will alcohol be served? ___ Yes ___ No (If “Yes” complete the Attachment “A” to this Form. IF THIS IS A STUDENT EVENT where alcohol will be made available, the student organization is to complete and submit to the Office of Student Life, or the Office of Greek Life, as appropriate, the Form AUTHORIZATION TO HOST STUDENT EVENT in lieu of completing Attachment A. Please note that Section H of that Authorization Form must be signed by the Location Manager of the College facility.)

Commercial Activity/Sales and/or Solicitation? ___ Yes ___ No
C. Safety and Health Considerations

Please type or print the requested information below. Illegible information will delay the processing of this form.

Will Special Effects be used at the Event? □ Yes  □ No  If "Yes," describe the Special Effects, when they will take place, who will manage the special effects, and the safety plan that will be used (attach additional pages, if needed):


Are there any other potential safety and/or environmental health risks associated with this event?
□ Yes  □ No  If yes, please explain:


D. Facility Information

Building/Outdoor Area Desired

1st Choice __________ 2nd Choice __________ 3rd Choice __________

Please list here if multiple rooms are needed (describe desired attributes such as room size, room number, room features, etc.):


Rain Location (if applicable—must be specified for outdoor events): ________________________________

E. Resources/Set-Up Information

Requested Room Setup (Not all of the setup options listed below are available in every location. Refer to the Facility Use Guidelines, Facility Features and Restrictions):

□ Banquet  □ Auditorium  □ Clear Floor  □ Seminar  □ Table Fair  □ U Shape
□ Other, please explain: ________________________________

Please indicate the quantity of each item listed below that you require for your event. Applicable charges are detailed in the Facility Use Guidelines (available on our website). These resources are only available for rooms in the Stern Student Center. For all other facilities, you are responsible for contacting the appropriate campus department to request the necessary resources.

____ CD/DVD/VHS Player  ____ Chairs  ____ Dance Floor  ____ ELMO  ____ Easel  ____ Microphones (Corded)
____ Microphones (Lapel)  ____ Microphones (Panel/Tabletop)  ____ Microphones (Wireless)
____ Overhead Projector  ____ Podium  ____ PowerPoint Connection  ____ PowerPoint w/ Sound Connection
Stage ______ 4’ Rectangular Tables ______ 6’ Rectangular Tables ______ 60” Round Tables ______ Conference Phone
______ TV Cart w/ DVD/VCR ______ TV Remote Control ______ Air Wall (Ballroom Only)

F. Signatures

By signing below, the Contact Person and Advisor (if applicable) state that each person has read and understands the Facility Use Guidelines (available on our website) and agree(s) to be bound thereby. I affirm that all statements contained herein and in Attachment “A” (if applicable) are true and accurate in all respects.

Contact Person’s Signature ________________________________ Date ________________________________
Advisor’s Signature (if applicable) __________________________ Date ________________________________

OFFICE USE ONLY

Building/Outdoor Location Assigned __________________________ Room Number Assigned __________

☐ ☐ Fire Safety Precautions Required
☐ ☐ Alcohol Management Plan
☐ ☐ Resources Needed from Department of Public Safety. Number of Officers Required: _______

Additional Information:

APPROVALS

• Campus Police Representative Signature: ________________________________ Date: __________________________

  Comments:

• Fire Safety Representative Signature: ________________________________ Date: __________________________

  Comments:

• Office of Student Life Representative Signature: ________________________________ Date: __________________________

OR

• Office of Greek Life Representative Signature: ________________________________ Date: __________________________
ATTACHMENT A
ALCOHOL MANAGEMENT PLAN
(NON-STUDENT SPONSORED EVENTS)

A-1 FOOD AND BEVERAGES

1. Please describe your Alcohol Management Plan to ensure that underage persons will not have access to alcoholic beverages and that the excess consumption of alcohol by others will be adequately monitored and addressed. Please indicate the amount and type of alcohol beverages to be served. Attach additional pages, if needed.

2. What non-alcoholic beverages will be served or made available:

3. Will food be served or available at the Event Y □ N □? If “Yes,” describe the food and the source that will provide the food:

4. Estimated Attendance: __________ Number over 21: __________

A-2 SECURITY (All Security Plans for Events on Campus Property Must be Approved by Campus Police)

Describe your plan for security at the Event (attach additional pages, if needed):

A.3 CONTACT INFORMATION

Name, CWID, E-Mail Address & Telephone of Event Manager(s):

Contact Person’s Signature: __________________________ Date: __________________________

Advisor’s Signature (if applicable): __________________________ Date: __________________________
COLLEGE OF CHARLESTON
DIVISION OF STUDENT AFFAIRS
AUTHORIZATION TO HOST STUDENT EVENT

EACH STUDENT ORGANIZATION SPONSORING OR CO-SPONSORING AN EVENT INVOLVING THE
CONSUMPTION OF ALCOHOL MUST COMPLETE THIS FORM IF THE EVENT WILL BE HELD:

(1) ON COLLEGE OWNED OR CONTROLLED PROPERTY “COLLEGE PROPERTY”;

(2) AT AN OFF-CAMPUS SITE IF THE ORGANIZATION WILL USE EITHER STUDENT FEES OR OTHER COLLEGE
RESOURCES TO FINANCE THE EVENT, OR IF THE ORGANIZATION PLANS TO ADVERTISE OR PROMOTE THE
OFF-CAMPUS EVENT USING THE NAME AND/OR RESOURCES OF THE COLLEGE.

COMPLETED FORMS MUST BE SUBMITTED TO THE DIRECTOR OF STUDENT LIFE (STERN CENTER 310) OR
DIRECTOR OF GREEK LIFE (97 WENTWORTH), AS APPROPRIATE, AT LEAST 14 DAYS PRIOR TO THE DATE OF
THE PROPOSED EVENT. PLEASE REFER TO THE COLLEGE OF CHARLESTON POLICIES REGARDING GROUP
EVENTS WITH ALCOHOL IN THE COMPASS AND THE RISK MANAGEMENT MANUAL FOR GREEK-LETTERED
ORGANIZATIONS FOR DETAILED INFORMATION.

A. DATE OF THIS APPLICATION: ___________________________________________

By:__________________________ Executive: __________________________

By:__________________________ Executive: __________________________

C. EVENT DESCRIPTION

Date of the Event:________________________ Location of the Event: __________________________

Start Time: ______ End Time: ______ Title and Purpose of the Event: __________________________

D. SPECIAL EFFECTS

Will Special Effects be used at the Event Y ☐ N ☐? If “Yes,” describe the Special Effects, when they will take place, who will
manage the special effects, and the safety plan that will be used (attach additional pages, if needed):

E. FOOD AND BEVERAGES

1. Will Alcoholic beverages be served or available at the Event Y ☐ N ☐? If “Yes,” an Alcohol Management Plan must be
attached.

2. What non-alcoholic beverages will be served or made available?

3. Will food be served or available at the Event? Y ☐ N ☐? If “Yes,” describe the food and the source that will provide the food

4. Estimated Attendance:_________ Number over 21:_________

F. SECURITY (All Security Plans for Events on Campus Property Must be Pre-Approved by Campus Police)

Describe your plan for security at the Event (attach additional pages, if needed):

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G. CONTACT INFORMATION

Name, CWID, E-Mail Address & Telephone of Event Manager(s): ________________________________

Name, E-Mail Address & Telephone of Organization Advisor(s): ______________________________

Name, Address & Telephone of Location Manager: _________________________________________

H. LOCATION MANAGER APPROVAL

Subject to all terms and conditions of this Application and such approvals as may be required below by the Division of Student Affairs, I approve of the use of the facility at the date and for the times as first stated above.

________________________________________ (signature) __________________________ (date).

ATTESTATION BY EVENT SPONSORS AND ADVISORS

By signing this form, I affirm that I have read and understand the South Carolina alcoholic beverage laws and the College of Charleston Alcohol Policies and Guidelines (as contained and/or summarized in the College of Charleston Student Handbook). I accept for myself, and on behalf of the organization first mentioned above, the responsibility for communicating these laws, policies and guidelines and the restrictions contained in this application, if approved, to those individuals invited to or attending the Event. During the Event, I shall also engage in good faith efforts to require Event participants to comply with all other relevant College policies contained in the Handbook. I further understand that I will act as a representative of the organization for the purpose of receiving and forwarding to the Division of Student Affairs any complaint received or policy violation alleged concerning the Event. I shall also assume responsibility for carrying out the security plan and Alcohol Management Plan (if any) for the Event, as my role may be indicated in or reasonably implied in those plans. If I am a student representing a student organization, I also confirm that a representative from my organization attended the Risk Management workshop offered by the Office of Student Life as part of the Student Organizations Summit Series.

Event Manager’s Signature: ____________________________ Date: ______________________

Event Manager’s Signature: ____________________________ Date: ______________________

Advisor’s Signature: __________________________________ Date: ______________________

Advisor’s Signature: __________________________________ Date: ______________________

APPROVALS

☐ Y ☐ N Fire Safety Precautions Required

☐ Y ☐ N Alcohol Management Plan

☐ Y ☐ N Resources Needed from Department of Public Safety. Number of Officers Required: ________

Campus Police Representative Signature: ____________________________ Date: ______________

Fire Safety Representative Signature: ____________________________ Date: ______________

Director of Student Life Signature: ____________________________ Date: ______________

Director of Greek Life: ____________________________ Date: ______________

Form Received by: ____________________________ Date: __________________

Records Disclosed by: ____________________________ Date: __________________
FORM DUE AT LEAST 14 DAYS PRIOR TO DATE OF EVENT

COLLEGE OF CHARLESTON
DIVISION OF STUDENT AFFAIRS

Alcohol Management Plan

This plan must be completed and submitted for review before any event which includes alcohol can be given final approval.

Alcohol Beverages to be Served:  
Amount of Beer  
Amount of Wine

Non-alcoholic Beverages to be Served:  
Amount  
Types

Food to be Served:  
Amount  
Types

What methods will be used to assure that those persons under 21 do not possess or consume alcohol?

What methods will be used to assure that attendees of legal drinking age do not over-indulge?

Will your advisor(s) be in attendance?

Describe security arrangements:  


Plan Prepared by:

Signature:  
Date: