ASCENSION LUTHERAN
CHURCH ▪ SCHOOL ▪ FOUNDATION

1600 E. Hillcrest Drive, Thousand Oaks CA 91362

Application For An Event with Alcohol On The One Ascension Campus

1. This form must be submitted to the Director of Operations.
2. Nonalcoholic drinks and food must be available at the function.
3. People attending the function must not bring their own liquor. All liquor must be supplied by the requestor or approved selected caterer conducting the function.
4. Those conducting the function must take full responsibility for the proper behavior of those attending.
5. People attending the function must observe the Ascension Campus Alcohol Policy.

Name of Organization:_____
Address: _____
Contact Name: _____
Contact Telephone Number: _____
Contact Email Address: _____
Ascension Host/Representative:_____
Type of Function: _____
Date of Function_____Time of Function: From_____ to _____
How Many Attendees do you anticipate?*_____
*Caterer required for more than 50 guests, one security guard per 100 guests)
Location on Campus:_____
If Outdoors, how will access be controlled? (fencing, etc)_____
_____
Estimated Attendance:_____
Type of food to be served:_____
_____
Type of alcohol (check all that apply):
_____Wine _____Beer_____Champagne_____Hard Seltzer
Nonalcoholic beverages to be served:_____
Number of Security Guards Required:_____(One per 100 – per every person over 50)

Your food and beverage caterer:

Name:_____

Phone Number: _____

Email Address:_____

(All caterers are required provide a Certificate of Liability form that shows General Liability limits of $1,000,000 each occurrence and $3,000,000 aggregate, Liquor Liability in the amount of $1,000,000 each incident, and must name Ascension Additional Insured. All caterers must have current licenses, in good standing, to serve food and to serve/sell alcoholic beverages. Please submit proof of insurance coverage and copies of food and alcohol licenses with your application.)

I/we agree to comply in ALL respects with Ascension Alcohol Policy. I/we understand that we are required to discuss our timing and plan to deliver/pickup alcohol and empty alcohol containers to/from the campus with our Ascension Hist/Representative.

Signature of Organizer_____ Date:_____

Statement of Support and Approval of Selected Caterer:

_____ _____

Ascension Host/Representative Date

_____ _____

Ascension Church Office Representative Date