



**Request for Third Party Vendor  
William Woods University**

**Must be returned to the Office of Student Life twelve days in advance**

Sponsoring Organization/individuals: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

**Please proceed to page 2.**

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**TO BE FILLED OUT BY THIRD PARTY VENDOR**

Third Party Vendor: \_\_\_\_\_

Address: \_\_\_\_\_ Contact person: \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

The third party vendor agrees to a fee of \$\_\_\_\_\_.

William Woods University reserves the right to approve or deny vendor services.

**The third party vendor must provide proof of insurance and be on file with William Woods University. Please attach a copy.**

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**The third party vendor must also provide proof of liquor license to the institution in order for the event to be registered.**

**Host Institution will provide a letter to the State assuring the event has been registered and organization is following institution's policies.**

**Method of verification of legal age of student attending:**

\_\_\_\_\_

**List required alternative beverages and food to be served.**

\_\_\_\_\_

**Number of security personnel hired (required by Third Party Vendor):**

\_\_\_\_\_

\_\_\_\_\_

**TO BE FILLED IN BY SPONSORING ORGANIZATION**

**Student sober monitors:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please proceed to page 3.**



1. Has the student contact been made aware of the Third Party Vendor's rules and regulations?

Third Party Vendor initials \_\_\_\_\_

Organization Contact initials \_\_\_\_\_

- Special considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Sponsoring organization agrees to comply with the William Woods University Codes of Conduct.
3. Depending on the size of the event, additional sober monitors and security personnel may be required. Monitors are not allowed to drink at the event. If the monitor(s) drinks at the event, he/she will be referred to the appropriate judicial board.

**Signature of Third Party Vendor representative:** \_\_\_\_\_

**Signature of Organization representative:** \_\_\_\_\_

Please return this form via fax or mail to William Woods University Office of Student Life. Upon receiving this form from the Third Party Vendor, organizations or individuals will be able to register their event with William Woods University.

**Upon receiving information from the Third Party Vendor, an organization's advisor's signature is required.**

Organization Advisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_