A. In promoting events, alcoholic beverages may not be referred to in publicity, including signs, fliers, mailing and media announcements (including websites and internet advertisements). Use of such words as "beer," "brew," "kegs," "wine," "cocktails," "open bar," "booze," "mixed drinks," "spirits," etc. is prohibited. Illustrations must not make reference to alcoholic beverages (i.e., no pictures of kegs, cocktail glasses, beer mugs, etc.)

B. Alcoholic beverages generally may not be consumed on campus except at sponsored events and, at student-sponsored events, with specific approval of the Dean of Students Office, Student Union, 219, phone (562) 985-8670, and the Forty-Niner Shops Director of Food Service or his/her contractor/designee, phone 985-8898.

C. Alcoholic beverages may only be consumed on University premises that have been licensed by the Department of Alcoholic Beverage Control or on other University premises at "approved group sponsored events." Sponsors of such events must obtain prior written approval. Approval normally will be limited to events in such areas as the University Student Union, the Soroptimist House, the Chartroom, Carpenter Performing Arts Center, and Earl Burns Miller Japanese Gardens.

D. All of the following conditions shall prevail with respect to "approved group sponsored events":

1. Attendance shall be limited to members of the sponsoring group and their invited personal guests.
2. The event shall not be advertised or promoted to the public or the University community as an event where alcoholic beverages will be served.
3. The Chair of the event and the sponsoring organization and officers are responsible for compliance with applicable state and municipal laws and regulations, and California State University's system policies. No persons under 21 years of age, nor persons obviously intoxicated shall be furnished, served or given an alcoholic beverage (reference: California Business & Professional Code 25658). Any person under the age of 21 years old who presents or offers false or fraudulent identification for the purpose of obtaining alcoholic beverages is guilty of a misdemeanor (California Business & Professional Code 25661). Any person under the age of 21 years old who purchases or consumes alcoholic beverages is guilty of a misdemeanor (California Business and Professional Code 25658).

4. There shall be no sale or serving of alcoholic beverages except pursuant to a valid license or permit issued by the Department of Alcoholic Beverage Control to the Forty-Niner Shops, Incorporated. Sale means to exchange any consideration for alcoholic beverage. Sale also includes an "admission charge" to an event where alcoholic beverages are served exclusively to those who pay the charge. "Consideration" includes money, tickets, or tokens, or chits, which have been issued in exchange for money or anything else of value (California Business and Professional Code 23025).

5. The use of donated alcoholic beverages must be approved by the Forty-Niner Shops Director of Food Service, or his / her contractor / designee, prior to the event, phone (562) 985-8898. All requests for service of donated beverages must include a letter from the donor.

6. Keg beer is not permitted for use by student organizations.
7. Sale or service of alcoholic beverages may not begin before 11 a.m.
8. Non-alcoholic beverages shall be available at all times when alcoholic beverages are served. Should the availability of non-alcoholic beverages end before the designated service time expires, the service of alcoholic beverages will also terminate.

By signing below, I certify that I have read the foregoing and agree to adhere to the terms specified.

President or Primary Officer
Print Name__________________________________________ Signature _____________________________________ Date ____________

President or Primary Officer E-mail ________________________________

Treasurer or Financial Officer
Print Name__________________________________________ Signature _____________________________________ Date ____________

Vice President or Other Officer
Print Name__________________________________________ Signature _____________________________________ Date ____________

Secretary or Other Officer
Print Name__________________________________________ Signature _____________________________________ Date ____________

Active Member or Other Officer
Print Name__________________________________________ Signature _____________________________________ Date ____________

Faculty/Staff Advisor
Print Name__________________________________________ Signature _____________________________________ Date ____________

SLD Advisor Approval (REQUIRED) ________________________________

Student Organization Name ____________________________________ No Acronyms (except for CSULB) ____________________________

REVISED June 2015 Category________________________
FACULTY/STAFF ADVISOR
ACCEPTANCE OF RESPONSIBILITY FORM

California State University, Long Beach Office of Student Life and Development require all registered student organizations to have a faculty/staff advisor. This advisor must be a faculty member or professional staff employee of CSULB. The advisor plays a crucial role in the success of our student organizations.

As faculty/staff advisor I agree to:

- Be familiar with and assist students in adhering to the Campus Regulations for campus activities, student organizations and the university community.

- Provide assistance to students in setting goals and planning activities for the organization.

- Be available to meet regularly, as mutually determined, with a) executive officers, or b) members of the organization at their regular business meetings.

- Serve as the advisor for the 2015/2016 academic year.

Yes I am a faculty member or a professional staff employee of CSULB _____ (initial here).

____________________________________________________________________________________
Student Organization Name

____________________________________________________________________________________
Name ____________________________ Signature ____________________________

____________________________________________________________________________________
Email Address ____________________________ Phone Number ____________________________

____________________________________________________________________________________
Department Affiliation ____________________________ Date ____________________________

Have you advised this student organization before? _____ Yes _____ No

How long have you been an advisor? _______