

# TIPS® Training Request Form

(Please Print)

In order to offer you and your staff an effective training, please fill out and return this form.

## Contact Information:

Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Availability:

Days of the week that work best for the training: (Circle one)      Mon. Tues. Wed. Thu. Fri. Sat. Sun.  
Time of day that works best: (Circle one)                              Mornings Afternoons Evenings

## About Your Establishment:

Do you have a full service bar?    Yes or No  
Do you serve more liquor or beer? (Circle one)                      Liquor Beer  
Do you host wedding receptions or group events?                  Yes or No  
What age group do you typically serve? (Circle all that apply)      College, 24-30, 31-40, 41-50, 51+

## About Your Staff:

What is the experience level of your bar tenders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your biggest alcohol responsibility concerns that you and/or your employees have (i.e. example, proper pouring methods, knowing when to cut off guests, how to deal with intoxicated guests, knowing the law, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to our office. Thank you.

**Fax this form to:**                      **-Or-**  
Public Health – Muskegon County  
Attn: TIPS Training  
(231) 724-3113

**Mail this form to:**  
Public Health – Muskegon County  
Attn: TIPS Training  
209 E Apple Avenue  
Muskegon, MI 4442



**Public Health**  
Prevent. Promote. Protect.  
Muskegon County