



The purpose of the ServSafe Alcohol<sup>®</sup> Program is to ensure that servers, bartenders and managers have the information they need to understand and implement the skills of responsible service.

Participants should leave the program confident in their ability to make sound decisions and handle potentially intoxicated guests. A workbook is provided as a reference tool for your operation.

ServSafe Alcohol is in full compliance with Colorado's Responsible Vendor Act.

**How Alcohol Affects Your Body**

**The Law & Your Responsibility**

**Techniques for Responsible Beverage Alcohol Service**

**Service in Difficult Situations**

**Who Should Attend?**

- Bartenders
- Supervisors
- Servers
- Cocktail Servers
- Managers
- Owners

*Provided  
and  
Supported  
by:*



# Alcohol Safety Certification Program

*Serving Alcohol Responsibly*

Cost: \$40.00 for CRA Members  
\$55.00 for Non-Members

IN-HOUSE CLASSES ARE ALSO AVAILABLE- PLEASE CALL FOR DETAILS

**Class dates and locations are subject to change.  
Please check the box next to your desired 2016 class date:**

**DENVER**

Denver Classes are held at the CRA Office, Lower Level Conference Room  
430 E 7<sup>th</sup> Ave, Denver, CO 80203

- |  |            |   |            |
|--|------------|---|------------|
| <input type="checkbox"/> Tuesday, January 26 <sup>th</sup> | 9am – 1pm  | <input type="checkbox"/> Monday, April 25 <sup>th</sup>   | 9am – 1pm  |
| <input type="checkbox"/> Monday, February 22 <sup>nd</sup> | Noon – 4pm | <input type="checkbox"/> Tuesday, May 24 <sup>th</sup>    | Noon – 4pm |
| <input type="checkbox"/> Tuesday, March 29 <sup>th</sup>   | 9am – 1pm  | <input type="checkbox"/> Wednesday, June 29 <sup>th</sup> | 9am – 1pm  |

**REGISTRATION FOR THIS CLASS IS REQUIRED**

Please select a payment option from the Payment Information section of this form.

**PAYMENT INFORMATION**

- Cash Enclosed \$ \_\_\_\_\_
- Check Enclosed for \$ \_\_\_\_\_  
(Please make checks payable to CRA Education Foundation)

- Pay at door on day of class
- Bill My Credit Card for \$ \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration Date \_\_\_\_ / \_\_\_\_

- Name on Card \_\_\_\_\_
- Billing Address \_\_\_\_\_
- City/St/Zip \_\_\_\_\_
- Signature \_\_\_\_\_

**Email Address you would like your receipt sent to** \_\_\_\_\_

Mail, Fax or Email your completed registration form to: **CRA Education Foundation**

**430 E 7<sup>th</sup> Ave, Denver, CO 80203**

Email: [info@corestaurant.org](mailto:info@corestaurant.org)

P (303)830-2972 F (303)830-2973

Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

**\*\*phone number is required for registration\*\***

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Student \_\_\_\_\_

\*attach list of any additional student names\*