Food Waiver Information Sheet Due 2 business days prior to the event

Event Host Information: Name of Individual:			
Organization Name:			
Phone Number:	_Email:		
Event Information: Type of Event:	Location: _		
Date of Event:	Event Time:	Serving time:	
Food & Beverage Information:			
Source of food: Self-prepared Prepared food purchased free Restaurant take-out; Name: Off-campus caterer; Name: 	· · ·		
If self-prepared: Location food/beverage will be pre	epared?		
Date & Time food/beverage will be	e prepared:		
Specific food that will be prepared			
If purchasing prepared food from Please list grocery store and specifi	e	erved:	

If restaurant take-out or off campus caterer:

Please attach a copy of menu with items being served circled or provide copy of catering contract.

Please post near or by buffet or table where menu items will be served:



Please be aware that the menu items served here may contain ingredients that are known allergens.



Detailed ingredient lists are not available. If you have food allergies, please consider an alternate dining option.