

Catering Waiver

This form must be completed and returned to the Dining Services Office (Room 149 SUMC), or by fax 621-9771 at least ten (10) working days prior to your event. A response will be provided within two (2) working days.

1. Applicant Information

Today's Date: _____

Department/Organization: _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

2. Event Information

Event Date: _____ Location: _____

Event Description: _____

Event Times—Start: _____ End: _____

Number of Guests: _____ Total Estimated Cost of Food & Beverage: _____

Reason for Waiver Request: _____

Name of Prospective Caterer: _____

Approval Status

Approved Denied Date: _____

Signature: _____

Comments: _____
