

Food Exemption Request

Date Received _____

Time Received _____

Organizations are permitted one food exemption per semester.
Requests must be submitted to the Student Life Office at the time of the room reservation or a minimum of 14 days before event.

Organization Information	
Organization:	_____
Contact:	_____
Address:	_____
Phone:	_____
Email:	_____
Event Date:	_____
Time of Event:	_____
Building:	_____
Room:	_____
Number of Guests:	_____

Rules and Regulations

Your group has requested a food exemption for an event. The rules and regulations for use of outside food in the Ben Parker Student Center and the Student Recreation Center are listed below. If you fail to comply with these conditions, future use of the facility by your group could be denied. If you are granted a food exemption for this specific event, you acknowledge the following conditions:

Type of food and supplies list (please be specific and list everything you intend to bring):

- Only **homemade food** may be provided by your organization. *Initial* _____
- No prepared food may be brought into the Student Center or Rec Center: Prepared food is defined as any food items purchased in final form: vegetable trays, ethnic food from a restaurant, prepared food from a caterer, pizza, snacks, etc. If you need clarification of the items you wish to serve, please meet with Conference Services for assistance. *Initial* _____
- Only homemade food may be sold as a fundraiser. *Initial* _____
- All trash must be placed in an outside dumpster. *Initial* _____
- All food and guests with food must remain in the assigned room. *Initial* _____
- All food supplies must be provided by the organization (i.e., table clothes, napkins, ice, plates, salt & pepper, utensils). *Initial* _____
- There are no facilities available for heating/re-heating or food preparation. *Initial* _____
- Damages to the facility or equipment will be the responsibility of the person signing below. *Initial* _____
- Student Life reserves the right to charge your organization a \$75 fee. *Initial* _____

Signing and submitting this form implies agreement to all policies and regulations as outlined above:

Signature of Organization Representative

Date

Submitting form does not guarantee approval; you will receive written notification.



Office Use Only

Room Request Approved in EMS? **Yes / No** Approvers Initials: _____ Reservation # _____

Request submitted within timeline? Yes _____ No _____

Menu submitted with request? Yes _____ No _____

Approved: Yes _____ No _____

Food Exemption Fee (\$75) **Yes / No**

If no, reason for denial:

Client notified: Staff _____ Date _____

Authorizations:

Student Life _____ Date _____

Campus Dining _____ Date _____

Event Follow Up

Did group adhere to policies? Yes _____ No _____

If no, please provide documentation:

