



Food Waiver Request

THE APPROVED FOOD WAIVER FORM MUST BE DISPLAYED AT THE EVENT

Event Description:

Activity <u>OR</u> Event:	_____								
Date (Beg./ End):	_____		M	T	W	R	F	S	U
Time food will be served: Beginning:	_____	AM/ PM	Ending:				_____	AM/ PM	
Requestor:									
Organization/ Department/ Agency:	_____								
Contact Person:	_____	Phone:	_____						

Questions pertaining to Outside Food & Beverage Services:

1. What is the estimated number of people to be served:
2. Where will the food be served (Building and Room Number):
3. List or attach proposed menu (please include quantities and brands):
4. Will these items be purchased or donated?
5. Where will the food be prepared or obtained?
6. How will the food be delivered?
7. What equipment will be used to keep food hot or cold?
8. Who will be serving the food?
9. Are you purchasing any items from the campus caterer- Classic Fare Catering?

When completed, RETURN to:

CLASSIC FARE CATERING
 Marian University Indianapolis
 3200 Cold Spring Road
 Indianapolis, IN 46222
 317.955.6342 (office)
classicfare@marian.edu

Signature:

Requestor	Date
Department Director/Advisor	Date
Classic Fare Catering Director	Date
Food Service Director	Date