

Bowie State University

Application for Food/Catering Waiver Form

Complete the Application for Food /Catering Waiver Form (FCWF), and forward to the Office of Auxiliary Services located in the Student Center Suite 1025, by campus, mail, or fax (301-860-4084) at least two weeks prior to the event date. If approved, the FCWF will be returned to you by fax or campus mail. In addition, you may also pick it up in the Office of Auxiliary Services.

The FCWF must be displayed at the event.

Today's Date: _____ Date of Event: _____

Department: _____ Organization: _____

Contact Person: _____

Department Phone #: _____ Organization Phone #: _____

Department Fax #: _____ Organization Fax #: _____

Groups in Attendance: Students _____ Faculty/Staff _____ Department _____ Other _____

Event Description: (Check all that apply)

Authorized Fundraiser _____ Club/Organization Event _____ Meeting _____ Reception _____

Banquet _____ Other _____ Please Describe: _____

Purchase pick- up or carryout products from a public restaurant or grocery for consumption _____

Buffet/Self-Serve _____ Served by: _____

Catered Event _____ Name of Caterer: _____

List or attach a menu of food and beverage to be served:

Source of food: _____ How will food be delivered? _____

Equipment used to keep food hot or cold: _____

Source of beverage: _____

I have read and understand the guidelines for a food /catering waiver request: _____

Justification for Waiver Request: _____

Organization/ Department

Signature: _____
(Print Name) (Signature) (Date)

Sign- off by TH Catering Services:

Signature: _____
(Print Name) (Signature) (Date)

Fax or e-mail the following documents below to:

Office of Auxiliary Services
Room 118 Wiseman Centre
301-860-4084

1. Copy of certificate of Liability Insurance provided by the Non-BSU Caterer.
2. Copy of this document (Application for Food/Waiver Form) signed- off by TH Catering Services.

Approved
 Denied/Reason _____

Auxiliary Services Representative _____
(Signature) (Date)