

Waiver for AQ Dining Service

Contact Name: _____ Date (form is filled out): _____

Contact Email: _____ Contact #: _____

Department/Party requesting waiver: _____

Event name: _____

Event Date: _____ Event Time: Start: _____ Finish: _____

Requested on-campus location: _____

Have you made a reservation for this space? If not, please make sure you do this ASAP! Please list your set-up and equipment needs

Reason for the waiver:

What type of items are you requesting this waiver for?

(Ex: Specialty cake, ethnic food, home baked items, specialty (non-alcoholic) beverages.)

Have you discussed the menu with any AQ Dining Service staff to see if they could provide this menu for you?

Signature of the requestor: _____ Date signed: _____

Approved: YES NO (Please circle one)

Signature of Creative Dining Solutions Management Staff: _____ Date: _____

Title: _____

Explanation if not approved:

Signature of President's Office (if appealed): _____ Date: _____

- The waiver must be reviewed and signed by the AQ Dining Services. If not approved, the requestor may take this form to the President's Office (Holmdene) for appeal.
- The requestor must submit the approved or not approved waiver to the Conferencing/Catering Department on Campus (Wege 201/202).
- Contact Catering Manager at 632-2965 with any questions.