



## **WAIVER OF EXCLUSIVITY FOR FOOD SERVICES**

Organization/Department Name: \_\_\_\_\_

Individual Applying for Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address :\_\_\_\_\_

Organization Advisor/University Budget Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address :\_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: From \_\_\_\_\_ To \_\_\_\_\_

Event Location: \_\_\_\_\_

**This event is a request for:** (check all that apply)

- Student Prepared Food
- Off-campus Vendor Prepared Food
- Other \_\_\_\_\_

**Specific Food Item(s) to be Served:**

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### **Rationale for Waiver Request:**

**Required Signatures:**

Budget Manager \_\_\_\_\_ Date \_\_\_\_\_

Date

Drake University Dining Catering Director

Date