SDSU CATERING WAIVER APPROVAL FORM MUST BE TURNED IN 3 WEEKS PRIOR TO EVENT

Required for ALL food sources (Ask for additional paperwork for on campus vendors)

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	*Outside vend	lors may NO	I' sell on car	npus		
Event Name	Date			EAS #		
Location	7	Гіте	_ to	Expected A	Attendanc	ce
Description: Fundraiser □ Aztec Nights □ Studer Performance/Show □ Other:		-		/Tabling □	High sch	ool Conference 🗆
<u>Type:</u> Open to Public (any and all people, no inv	itation required)	Closed Event	(members/inv	itation only)]	
Contact Information:						
Name	Phor	ne		Email		
Sponsoring Org/Department						
If purchasing food from restaurant or cater If purchasing pre-packaged food from groce table at the bottom of the page. How is food being transported to campus?	ery store or on campu				NOT req	uired. Please fill out bio
Dropped off by food vendor \Box Pick up [
Who is serving the food?						
Outside caterer \Box Student Org \Box Se	lf-serve 🗌 Other:					
Certificate of Liability Insurance must for coverage limits and required additiona Commercial General Liabili additional insureds and endorsements.	l insureds and endor	sements. Vende	ors must provi	de the followir	ng insura	nce:
additional insureds and endorsements. If you checked "drop off by ca additional insureds and endorsements. If you checked "outside catero effective dates.	-		-			
The insurance policies are to co The State of California, the Trust State University, Aztec Shops, L officers, directors, managers, em and Related Parties") are named	ees of the California td., and their respect ployees, agents, con	a State Universi ive principals, tractors, volunt	ty, San Diego rustees, benef eers, successo	State Universi iciaries, memb	ers, parti	ners, shareholders,
The Certificate Holder is to be	listed as follows:	Aztec Shops, 1 Attn: SDSU C San Diego Sta San Diego, CA	atering te University			
Bid List:			-			
Food Items (use additional paper if needed) *All beverages must be Pepsi products	Store *Ask for additional paperwork for on campus vendors	Quantity	Price	Served cold, ro temp)		Hot/Cold Holding device (Sternos is NOT allowed)

Date Received: _____ Complete Incomplete

Approved By: _____ Date: _____