

# Marshall Student Center Food Release Form

## Event Information

**Your Student Organization Name**

Organization/Department Name

**General Body Meeting**

Event Title or Reservation #

**Tuesday, 9/14/2021 7:00pm - 8:45pm**

Day, Date & Time of Event

**MSC 2709**

Location of Event

## Food & Vendor Information

It is our organization's intent to bring in food purchased or donated from local retail grocers or other such businesses.

We do not hold the University of South Florida and/or USF Dining Services liable for any food products from outside vendors that could cause possible illness to any of our event participants. We do not hold the University of South Florida and/or USF Dining Services responsible for any of the setup or clean up of our event. We understand that the setup, utensils, ice, and clean up are the responsibility of our organization.

The type of food that will be brought in is (mark all that apply):

- Pre packaged (Publix, Winn Dixie, Walmart etc.)
- Ethnic (Kosher, Indian, etc.)
- Speciality foods (Vegan, Vegetarian, etc.)
- Outside Restaurant or Caterer

**If you are purchasing food items from multiple vendors, be sure to check all boxes that apply and list all vendors below.**

Vendor(s): **Name of Restaurant or Grocery Store - ex: Wal-Mart, Publix, Chick-fil-A, Papa John's, etc.**

Food(s): **List specifically what food items you are purchasing**

**Ex: Chips, Cookies, Pizza, Chicken Nuggets, Sweet Tea, Water, etc.**

Will there be alcoholic beverages? **NO** *If yes, the Alcohol Request form must be complete and approved. USF Dining Services must provide and serve any alcohol within the Marshall Student Center.*

Please review the Event Safety Manual available through Environmental Health and Safety at [usf.edu/shs](http://usf.edu/shs) and sign the statement below.

I have read the Event Safety Manual and agree to follow the guidelines.

## Signatures

**Print MSC Accountable Officer Name Here**

Print Accountable Officer/Department Representative Name

*Sign MSC Accountable Officer Name Here*

Accountable Officer/Department Representative Signature and Date

**LEAVE THIS BLANK**

EMS Event Planner Signature and Date

Approved: \_\_\_\_\_  
 Not Approved: \_\_\_\_\_

OFFICE USE ONLY

Revised 06/16/2020