## **Marshall Student Center Food Release Form**

| Event Information  |   |                                 |
|--|---|---------------------------------|
|  |   |                                 |
| Organization/Department Name   | Day, Date & Time of Event   |                                 |
| Event Title or Reservation #   | Location of Event   |                                 |
| Food & Vendor Information  |   |                                 |
| It is our organization's intent to bring in food purchased businesses.   | or donated from local retail groce  | rs or other such                |
| We do not hold the University of South Florida and/or U outside vendors that could cause possible illness to an University of South Florida and/or USF Dining Services event. We understand that the setup, utensils, ice, and | y of our event participants. We do<br>responsible for any of the setup or | not hold the<br>clean up of our |
| The type of food that will be brought in is (mark all that   | apply):   |                                 |
| Pre packaged (Publix, Winn Dixie, Walmart etc.   | )   |                                 |
| <ul><li>Ethnic (Kosher, Indian, etc.)</li><li>Speciality foods (Vegan, Vegetarian, etc.)</li></ul>   |   |                                 |
| Outside Restaurant or Caterer  |   |                                 |
| Vendor(s):   |   |                                 |
|  |   |                                 |
| Food(s):   |   |                                 |
| Will there be alcoholic beverages? If yes, a USF Dining Services must provide and serve any alcohol within the   | the Alcohol Request form must be comple<br>e Marshall Student Center.     | te and approved.                |
| Please review the Event Safety Manual available throu sign the statement below.  | gh Environmental Health and Safet   | ry at usf.edu/shs and           |
| ☐ I have read the Event Safety Manual and agree  | to follow the guidelines.   |                                 |
| Signatures   |   |                                 |
| Print Accountable Officer/Department Representative Name   | EMS Event Planner Signature and Dat                                       | te                              |
|  |   | Approved:                       |
| Accountable Officer/Department Representative Signature and Da   | ate   | Not Approved:  OFFICE USE ONLY  |