

Event Services Office  
Tel: (520) 621-1989  
Fax: (520) 621-2545  
sueventplanning@email.arizona.edu



Arizona Student Unions  
1303 E. University  
P.O. Box 210017  
Tucson, AZ 85721-0017  
union.arizona.edu

# CATERING WAIVER

This form must be completed and returned to the Event Services Office (Student Union Memorial Center, Rm 348), or by FAX, (520) 621-2545, at least 10 business days prior to your event. A response will be provided within two (2) business days.

Please note that an approved waiver is required **before** arrangements with an off-campus caterer can be contracted.

\* If the estimated cost for catering changes +/- 10% after this Waiver is submitted, a new Waiver application must be completed and returned to the Event Services Office.

## PLEASE PRINT OR TYPE THE FOLLOWING IN DETAIL:

### Applicant Information:

Today's Date: \_\_\_\_\_  
Department / Organization: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Event Information:

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_  
Event Description: \_\_\_\_\_  
Event Times: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Number of Guests: \_\_\_\_\_ Total Estimated Cost of Food & Beverage: \$ \_\_\_\_\_ \*

\*(If the estimated cost for catering changes +/- 10% after this Waiver is submitted, a new Waiver application must be completed and returned to the Event Planning Office.)

Reason for Waiver Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*(Waivers will not be approved based on source of funding.)

Name of Prospective Caterer: \_\_\_\_\_

### Approval Status:

Approved       Denied      Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_