



Health Sciences Center
University of Oklahoma
Student Affairs

HSC Student Union
Caterer Form

Contact Name _____ Phone Number (____) _____

Organization/Department _____ E-Mail Address _____

Title of Requester _____

Mailing Address _____

Adviser's Name _____ Phone Number (____) _____

Date(s) Requested _____ Time In _____ Time Out _____

Caterer _____ Contact Name _____

Caterer's Address _____

Caterer's Phone Number (____) _____

Purpose of Event

_____ Meeting _____ Social
_____ Fund Raising _____ Other _____

1. Please attach a copy of the Caterer's Food Permit (State Health Department License)
2. Please attach Caterer's Liability Insurance
3. Please attach Caterer's Catering License
4. Groups will be held responsible for Caterer's activity, service, and clean-up procedures. _____ Initial (contact)
5. Without any of the above items, the event will be cancelled following notification by e-mail and a good faith attempt phone to contact the name listed above. _____ Initial (contact)
6. All attachments and this Caterer Form are due to Union Info-Desk, HSC Student Union, 102 at least three (3) business days prior to the catering event
 - o HSC Food Services has agreed to cater the above event.
 - o HSC Food Services has declined to cater the above event. _____

Food Court Manager - Date

Contact Printed Name

HSC Student Union - Date