

COMPLETE THIS REQUEST AT LEAST TWO WEEKS PRIOR TO THE EVENT.

**Request for Exception to the Food Policy
Morehead State University
(The event cannot be scheduled until this request is approved.)**

Today's Date: _____ (Please complete this request at least two weeks prior to the event.)

Name of Group: _____ Name of Contact Person: _____

Is this a registered MSU student group? Yes _____ No _____

If this is a registered MSU student group, indicate advisor's name, address, and phone number:

Contact Person

Phone Number(s): _____ E-mail address: _____

Local Address: _____

Event Information

Date: _____ Location: _____

Start time: _____ End time: _____

Is there a charge for the event? Yes _____ No _____

Is there a charge to eat food? Yes _____ No _____

Is the event open to the public? Yes _____ No _____

How many people do you expect to attend? _____

Purpose of event (fundraiser, program, event, etc.) _____

Events where food is to be sold should be cleared by the Rowan County Health Department for information about safe food handling.

Beverages must be Pepsi products or Ale-8-One products.

Event Information

Did you contact someone in MSU Dining Services about this request? Yes _____ No _____

If yes, who was the individual? _____

Are you purchasing food from Dining Services? Yes _____ No** _____

**If you do not plan to purchase from Dining Services, please explain why: _____

Is any food being prepared by a group member(s): Yes** _____ No _____

**Explain: _____

Is food being purchased from a licensed vendor? Yes _____ No _____

Is food being donated from a licensed vendor? Yes _____ No _____

Type of food(s): _____

Food Handling

How will food be stored before the event, held during serving, and served? _____

What will be done with the leftovers? _____

Contact person's name: _____

Advisor (for student organizations): _____

Approved: _____ Not Approved: _____ Date: _____

Email completed form to jn.ferguson@moreheadstate.edu

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