

The following Group or individual has requested permission to provide Non-Aramark Catering for their campus event.

Name of individual or Group:	
Contact Information:	
Name of Event:	Event Location:
Date:	Time:
Purpose of Event:	
Proposed Caterer:	
Proposed Menu:	
Brief description of why outside catering is being	g requested:
facilities or those regulations concerning food sa Environmental Health. If permission is granted,	s-site catering in no way supersedes or excuses by West Texas A&M University when using university fety established by the Bi-County Department of requestor agrees to hold Aramark, is representatives y for loss, injury or damages as a result of the actions Permission granted Permission denied
Signature Food Services Director – Aramark West Texas A&M University	Date

For further inquiries please contact with WTAMU office of the Food Service Director at 806-651-2707. Please email completed form to: Michael Ives at mives@wtamu.edu