

Sale/Event Date: _____

Start Time: _____

End Time: _____

Registration of Baked Goods & Beverages Sales

Student Organization Name: _____

Contact for Event/Sale:

Name: _____ Phone: _____

Email: _____

Alternate contact (person also at sale):

Name: _____ Phone: _____

Email: _____

Name and Address of any associated business (if any):

LIST OF ALL FOODS TO BE SERVED (SOLIDS AND LIQUIDS)

(Include any pre-packaged items, i.e. bottled water and canned soda)

1. _____ 2. _____

3. _____ 4. _____

Where were foods purchased (if home baked include by whom): _____

By signing below, I understand and will comply with the guidelines for baked goods and beverages sales for student organizations at the Rice University Student Center.

Applicant name (print):

Applicant Signature

Date

Approved

Denied

Student Center Representative

Date

For Office Use Only:

Length of time to distribute items: _____ hrs.

Group Check In: _____ am/pm
Initial Time

Group Check Out: _____ am/pm
Initial Time