

Off-Campus Caterer Waiver

PART 1: To Be Completed by Event/Group Organizer

Group Name _____

Group/Office Contact Names(s)	Email Address(es)	Phone Number(s)

Date/Time of Event _____ Food & Beverage Budget for Event _____

Number of Attendees _____ Name of Staff Liaison (for student groups) _____

Name of Proposed Off-Campus Caterer _____

Address of Proposed Off-Campus Caterer _____

I agree to abide by the Siena College Off-Campus Caterer policy, and understand it is my responsibility to ensure the Off-Campus Caterer adheres to the same policy. I have attached all required documentation to this application and I am submitting this application in a timely manner.

Signature of Event Contact _____

Date _____

PART 2: To Be Completed by AVI/Siena Fresh Catering:

_____ I have reviewed, provided and attached a written price quote for the above-referenced event.

_____ AVI/Siena Fresh waives its catering rights for this event.

AVI-Siena Fresh Signature _____ **Date** _____

PART 3: To be Completed by Off-Campus Caterer:

Off-Campus Caterer Name and Address: _____

Tax or Employer ID Number: _____

All statements below must be complied with and checked to receive approval of this Waiver.

_____ I have attached a written price quote including menu, level of service and number of attendees

_____ I will provide only Pepsi products for this event

_____ I have attached a current Albany County Department of Health Food Service Permit

Off-Campus Caterer
Authorized Signature _____ **Date** _____