

FOOD ON CAMPUS REQUEST FORM

Select One: ☐ Classroom Project ☐ Non-Holiday Event ☐ Exempt Holiday Event
Application Type: ☐ New Application ☐ Information Change

EVENT INFO:

School Name: _____

Hosting Organization/Classroom: _____

Event Date: _____ Time: _____ Location (and Holiday if applicable): _____

(NOTE: If this is an Exempt Holiday Event Request, list the Holiday your event will be tied to)

CONTACT INFO:

Name & Title: _____ Telephone Number: _____

Email Address: _____

DISTRICT APPROVED - Vendor Name & Contact:

(Will an outside vendor be a part of your food needs (ie: food truck, restaurant/caterer, etc. If so, complete this line above.)

Event Description and Food Items: _____

Please provide a brief description of your food event and ALL products being sold/provided:

Person-In-Charge (PIC) Name: _____ Signature: _____

(If ANY open food is served a PIC is required)

Event Timing: ☐ During School Hours ☐ Outside School Hours

HB 2164 Compliance: (Complete HB2164 info ONLY if during school hours is selected above.)

☐ Yes — This request is compliant Signature: _____

☐ No — This request is not compliant Signature: _____

Site Administrator Signature: _____ Date: _____

Food Services: ☐ Approved ☐ Need More Information ☐ Denied

Food Services Signature: _____ Date: _____

FOOD SERVICE DEPARTMENT - 1481 N Eliseo C Felix Jr Way, Avondale, AZ 85323 - foodservices@aguafria.org