



WKU Restaurant Group On-Campus Waiver Request Form

Submit waiver request at least one week prior to the event.

Today's Date: _____

Requestor Name: _____

Department or Organization: _____

Department or Organization Address: _____

Requestor Telephone Number: _____

Requestor Email Address: _____

Date of Event: _____ Time of Event: _____

Event Contact Person: _____

Contact Person Telephone Number: _____

Location of Event: _____

Number of people expected to attend event: _____

Will food and/or beverages be served? YES: NO:

Will food and/or beverages be sold or given away? Selling food: Given away:

Please describe food and/or beverages served: _____

THIS SECTION TO BE COMPLETED BY THE WKU RESTAURANT GROUP

_____ Approved _____ Not Approved _____ Returned for additional information

By: _____ Date: _____

WKU Restaurant Group has exclusive rights to provide meals, food, and/or beverages on the WKU campus and has sole discretion to approve or not approve any waiver requests for food & beverages provided on the WKU campus.

***WKU Restaurant Group assumes no responsibility for preparation, handling, or distribution of any food, beverages, supply items, and clean-up of the event.**