

NAME OF ORGANIZATION: _____

DATE AND TIME OF FUNCTION: _____

LOCATION OF FUNCTION: _____

OF PARTICIPANTS: _____

TYPE OF FUNCTION: _____

MENU: _____

FOOD PREPARED BY: _____

Food Donated?	Yes ___	No ___
Commercial Affiliation?	Yes ___	No ___
Charging Admission?	Yes ___	No ___
Charging for Food?	Yes ___	No ___
Soliciting Public Attendance?	Yes ___	No ___
Liquor Service?	Yes ___	No ___

WAIVER:

It is hereby agreed that the aforementioned group will indemnify and hold harmless the University of New Brunswick from any claims or actions which may arise from the provision of food and/or alcohol service at the event described herein, and will be fully responsible for complying with any applicable liquor control regulations.

Group Representative's Name: _____ Tel: _____

Group Representative's Signature: _____ Date: _____

By checking this box you are approving your email address to substitute as your signature

Attachment: Yes ___ No ___

Approved by: _____ Date: _____

Timothy Thornton, General Manager
SODEXO, UNB

Appeal to Ruth Buckingham, Director of Finance and Operations, Student Services,
rbucking@unb.ca

Copy: Sodexo Security Applicant S.U.B.

NOTE: 10 DAYS PRIOR NOTICE IS REQUIRED FOR PROPER PROCESSING OF THIS REQUEST

Return to: Front desk, Sodexo, Student Union Building or email sodexo@unb.ca