

Food and Beverage Review Request

1. Complete form. 2. Save to desktop: FILE > SAVE AS > BROWSE > DESKTOP > name. 3. E-mail as an attachment to shappe@hemetusd.org.

Date: _____

School: _____

Advisor: _____

Club / Group: _____

Phone: _____

1. Check all that apply:

On-campus sale during school hours (12:00 a.m. – 30 minutes after dismissal)

Night events must comply with local health codes.

Classroom party / BBQ / School-wide event

2. Date of fundraiser / event:

MUST BE COMPLETED FOR ALL ON-CAMPUS EVENTS WHERE FOOD IS PROVIDED TO STUDENTS:

Description of item(s) being served / sold: _____

Nutrition label / statement for all FOOD and DRINKS must be submitted to and approved by Nutrition Services PRIOR to being offered for sale. Attach label(s) to request.

MUST BE COMPLETED FOR NIGHT & WEEKEND EVENT WHERE FOOD IS PROVIDED TO STUDENTS:

Kitchen use needed (Nutrition Services staff / employee required)

Attach Use of Facilities Request (form HUSD 03-01)

Kitchen use not needed. Applicable health codes will be followed.

Please allow 2 weeks prior to your event for approval.

Form will be returned to originator once approved.

FOR OFFICE USE ONLY:

Approved Denied _____
NUTRITION SERVICES DATE

Approved Denied _____
RISK MANAGEMENT DATE

Approved Denied _____
FISCAL SERVICES DATE

Reason for denial: _____