Marshall Student Center Food Release Form

Event Information

Organization/Department Name

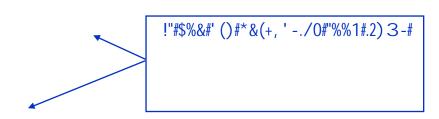
Event Title or Reservation #

Day, Date & Time of Event

M C

Location of Event

Food & Vendor Information



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Food(s): _____

Will there be alcoholic beverages? _____ If yes, the Alcohol Request form must be complete and approved.

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Sign MSC Accountable Officer Name Here