



# *Food and Drink Sale Request Form*

## SABA UNIVERSITY SCHOOL OF MEDICINE



- All food/drink sales must be done in the Old Cafeteria
- No more than 1 food/drink sale per week is allowed unless special permission is given
- If space and materials used are not properly cleaned and disposed of in a timely manner, your club may not be eligible for future food/drink sales
- This form does not guarantee permission for a food/drink sale
- Please print neatly in black ink and attach any additional information to clarify/support your request.
- Submit this form to an SGA Representative
- Please refer to our Fundraising Guide on the SGA website at [www.sabamed.org/sga](http://www.sabamed.org/sga)

Club Name: \_\_\_\_\_  
 Activity/Event(s) needing fund raising: \_\_\_\_\_  
 Date(s) of Activity/Event(s): \_\_\_\_\_  
 Date of requested Bake Sale: \_\_\_\_\_  
 Club Representative: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

**Please completely answer each of the following questions for each of the events/activity**

Explain the purpose of the activity/event(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who will benefit from each activity/event and how many people will be involved?

\_\_\_\_\_  
 \_\_\_\_\_

What publicity do you have planned for the activity/event(s)?

\_\_\_\_\_  
 \_\_\_\_\_

What other funding sources have you explored?

\_\_\_\_\_  
 \_\_\_\_\_

How many Food/Drink sales has your Club organized this semester? \_\_\_\_\_

*Office use only:*

**Funding decision date:** \_\_\_/\_\_\_/\_\_\_

**Decision:**     \_\_\_ **Yes**     \_\_\_ **No**

\_\_\_\_\_  
*Vice President*

\_\_\_\_\_  
*Date*

**NB - PLEASE INCLUDE MINUTES FROM SGA MEETING CONFIRMING THIS DECISION FOR DOCUMENTATION PURPOSES**