Request for Bake Sale

YORK UNIVERSITY STUDENT CENTRE

www.yorkstudentcentre.com

Please print clearly.

Contact Information

Name _____ Student Group Name _____

Position in the Student Group _____ Student Group Mailing Address _____

Mobile Phone _____ Student Group Phone Number _____

Email _____ Student Group Email _____

Date(s) requested _____

List of Food Items

Food items including condiments (be specific)	Prepared by	Contact info

I confirm that the food items listed above are the only ones that will be offered for distribution at this tabling event.

I agree to comply with the York University Centre Guidelines for Bake Sales and table booking conditions listed in the York University Student Centre Booking Agreement.

I will be responsible to ensure that the tabling event is supervised to ensure compliance with health and food safety regulations

Name of Requester _____ Signature of Requester _____

Name of Signing Authority _____ Signature of Signing Authority _____

Date _____ Date _____