



Small enough to care . . . Big enough to make a difference.



On Campus Event Dining Exemption Request

Event Date: _____ Event Location and Time: _____

Event Name: _____

Event Contact Information:

Sponsoring Organization: _____

Reason for Request from exemption:

Is the Food Donated (No cost at all to Event?)

Who Donated the Food: _____

Please return this for to the Dining Services Office located in the Student Union, you may also email this form directly to bhsu@aviands.com.

ATTN: Dining Service
1200 University Street
Unit 9031
Spearfish SD 57799

Your request is not approved unless it is signed and dated by the Director of Dining Services.

Director of Dining Services _____ Date of Approval _____