



APPLICATION FORM FOR USE OF CONCESSIONS/FUNDRAISERS

Group requesting concessions: _____

Contact Information: _____
Name Phone

Location of concessions: _____

For Herrnstein Field Only: _____ Home Pavilion _____ Visitor Pavilion

Please list anything needed (tables, chairs, electric, etc.) _____

Events being held: _____

Date of events: _____

Hours of operation: From _____ To _____

Person/s in charge of concessions - I have completed the required training on safe food handling and cooking approved by the Food Service Director. At least one member of the organization with this training must be present at all times during the preparation and /or service of the food.

Signature of trained member

Athletic Director* Date

Food Service Director** Date

Principal Date

Superintendent Date

*Authorization of both the Athletic Director and Principal is required for sale of concessions at athletic events. Principal authorization is required for sale of concessions at non-athletic events.

**Policy EFI requires the approval of the Food Services Director for any organization wishing to sell concessions at CCSD events.

Notes: