

## **Event and Camp Food Form**

Return completed form and current health permit for each food service provider listed below, to Risk Management Services: Vickie Coffey, Health and Food Safety Officer.

Fax: (940) 565-4919 Phone: (940) 369-8146 Email: vickie.coffey@unt.edu

Tax. (340) 303 4313 Thoric. (340) 303 0140 Email: Vickie: contey@dift.cdd					
Contact Information					
Event or camp name	Contact n	Contact name		Daytime Phone #	
Event of camp name	Contact III	Contact name		Horic #	
Outside Food Service Information					
List the food service providers providi	ng food for camp or $\epsilon$	event participants.			
Name of food service provider	Contact		Phone #		
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Address	City		State	Zip	
Event date Time		Location where food will be served?			
Event date	Time	Edeation where rood will b	ic sciveu.		
Name of food service provider	Contact		Phone #		
Address	City		State	Zip	
	±				
Event date	Time	Location where food will b	e served?		
		·			
Name of food service provider	Contact	Contact		Phone #	
Address	City		State	Zip	
Event date	Time	Location where food will b	e served?		