
GOURMET DINING

@ Rowan University
201 Mullica Hill Rd.
Glassboro NJ 08028
856.256.4610

Food Service Waiver

Name of Group/Organization/Person requesting: _____

Date of service: _____

Time of said service: _____

This is to show as representation that, _____,
has been granted access to operate food service, with **Gourmet Dining's** approval, for said event.
A waiver has been granted for the duration of said time only. It is understood that all services able to
be provided by **Gourmet Dining**, as per contractual guidelines with **Rowan University**, must be
handled through said food service in order to not be in violation.

Food Items to be served:

Manager approving: _____

Manager's Signature: _____

*This document needs to be signed and dated by a Manager of Gourmet Dining LLC.
Two copies of said waiver must be signed and one must be retained for record keeping.*

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