



Catering Exception Request Form

Phone: 828-227-3969 Email: catering@wcu.edu

| Event Information | | Contact Information |
|-------------------------------------|-----------------------------------|---|
| Title of Event: | | (The contact listed here MUST be present at the event) Contact Name: |
| Date of Event: | | |
| Location of Event: | | |
| Number of People Attending: | | |
| | | (No Abbreviations) |
| | Event Start/End Times | Proposed Caterer Information |
| Start Time: | End Time: | |
| | | Proposed Caterer: |
| Event intended for: | | — Caterer Contact Person: |
| | | |
| | | Phone Number: |
| | | |
| | Attach a menu and pı | ricing or use the space below to describe menu. |
| | | |
| Below to be comple | eted by the Resident District Mar | nager: |
| Below to be completed Date Received | eted by the Resident District Man | nager: Date Responded |