



**Auxiliary and Administrative Services  
Request for Off-Site Catering**

Before filling out this Waiver, please reach out to Catering Services ([jboock@haverford.edu](mailto:jboock@haverford.edu)) for a quote on your event. To the extent possible, Haverford College Dining Center will do its best to accommodate your food and supply needs at a reasonable price. If we cannot reasonably accommodate your needs, and you wish to hire an outside catering company, please complete and submit the form below before engaging with the supplier. Dining Services will respond with approval/denial of this request within 5-10 business days.

**EVENT INFORMATION**

Date of Submission: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Group/Organization: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Purpose of Event:

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Reason for External Catering Request (e.g. Dietary restrictions, Religious/Cultural needs, etc.):

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Is this an open/public event (open to all members of the College community): Yes \_\_\_\_\_

No \_\_\_\_\_

Source(s) of Food/Beverage – Name, Address, Telephone Number and Contact Phone Number for source (home-prepared food will not be approved) :

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Duration that Food Is Being Served: From \_\_\_\_\_ to: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

List of Food/Beverage being Served (please be as specific as possible): No potentially dangerous food items will be approved.

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

Externally Catered Events (those not catered by HC Dining) require a contract detailing that a licensed caterer is solely responsible for the following: set up of the event; providing appropriate sanitary equipment; safe service of food within Delaware County Health Department guidelines; and complete breakdown of the event including cleaning and trash removal. The Caterer must also provide a current proof of liability insurance form (COI), demonstrating \$1,000,000 in general liability coverage per occurrence, and \$1,000,000 in auto liability coverage per occurrence, to be signed for each event served by the licensed caterer, naming Haverford College as an additional insured on a primary and noncontributory basis with a waiver of subrogation. A current copy of the caterer's Health Department Inspection Certificate must also be provided.

\_\_\_\_\_  
Person responsible for event (print)

\_\_\_\_\_  
Email of additional recipient

\_\_\_\_\_  
Signature of Person Responsible for Event

Dining Services Only – Do not write below this line

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Approval \_\_\_ Denial \_\_\_\_

\_\_\_\_\_  
Catering Manager, Dining Center

Notes for Service: (these notes must be followed for safe service of this food:

\_\_\_\_\_  
\_\_\_\_\_

Internal Checklist: \_\_\_

Certificate of Insurance: \_\_\_

L&I: \_\_\_