



## Student / Student Organization Vending Application Form

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Student Organization: \_\_\_\_\_

Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event / Activity Title \_\_\_\_\_ Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Type of Activity	Sales	Informational
	Distribution	Other
		_____

**Location/ Vending Area**

**Vending Material/ Product (s) To Be Sold**

W.G. Pearson Cafeteria (Lower Level Bar by Freshens)

W.G. Pearson Cafeteria (Lower Level Alcove)

W.G. Pearson, Outside Entrance (first floor)

Other Location

Table and Chairs needed?

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NOTE: The vendor is responsible for cleaning the area after the event/activity