EASTERN MICHIGAN UNIVERSITY

BAKE SALE REQUEST FORM

Upon completion of the form, student organizations please submit the request to Campus Life at studentorgs@emich.edu; classes or departments please submit form directly to building administrator. **Requests must be submitted at least one week prior to the event and cancellations must be submitted at least 48 hours prior to the event to avoid penalties.** A scheduled sale cancelled with less than 48 hours notice will still count towards your allotted sales. Student organizations are allowed three bake sales per semester**.** If the request meets all the requirements for a sale, Campus Life will forward the request to the Building Administrator to reserve the location for the sale. If the date(s) you request is not available, the Building Administrator will contact you and inform you of the next available date(s).

Requestor: _____ **Telephone #:** _____

Org/Dept.: _____ **Requestor Email:** _____

Org Advisor: _____ **Advisor Email:** _____

Date of Request _____ **Possible Date(s):** _____

Day of Sale: *Tuesday* *Wednesday* **Time of Sale:** _____

Sale Location: Please check one

Location	Building	Sale Location
	Mark Jefferson	Lower Level (Ground) by the Rocks
	Marshall	2nd floor to the left of the entry
	Porter	2nd floor in the lounge
	Pray-Harrold	2nd floor outside of room 217 (northwest corner)

Please list all of the items to be sold at the sale below

Please list the foods and beverages to be sold and where these will be purchased:

Campus Life Approval: _____ **Date**_____

Building	Building Administrator	Office Location	Email
Mark Jefferson	CAS Dean's Office	214 Pray-Harrold	reservations_artsci@emich.edu
Marshall	Smriti Panjabi	304 Marshall	spanjabi@emich.edu
Porter	Jeff O'Donohue	310 Porter	jodonoh1@emich.edu
Pray-Harrold	CAS Dean's Office	214 Pray-Harrold	reservations_artsci@emich.edu

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FOR BUILDING ADMINISTRATION ONLY	Final Sale Date(s):	

Building Administrator/Designee Approval: _____ Date: _____

Building Administrator/Designee please e-mail approved request form to kwilhoff@emich.edu.

Environmental Health & Safety Authorization: _____ Date: _____

Inspection Notes:

Inspector: _____ Date of Inspection: _____

Inspector Signature: _____