



Request to have Food/Refreshments at UOG Activities During COVID-19

Date of request:	Name of Unit / Program:
Name of instructor(s) / Host(s):	
Name of assistant(s) if any:	
Specific date(s) and time(s) requested:	
Specific location of activity:	
Total # of people expected to attend:	
Description of activity:	
Distribution Explain the procedures for food/refre	eshment distribution and consumption during the event.
Sanitation Describe in detail the COVID-safety sa	anitation protocols that will be in place during the activity.
ensuring social distancing during "break times" who be provided? If approved, the requestor/host will ensure furth Eating should be outside or at authorized eating local distancing during the strength of t	rid-safety compliance during the activity. For example, en people are eating the food/refreshments. Will any PPE her compliance as follows: cations. Do not consume food or drinks with masks pulled fixed location at least 8-10 feet away from others before
REQUESTOR	APPROVING AUTHORITY
Print Name of Requestor/Host	[] APPROVED [] NOT APPROVED
Signature of Requestor/Host / Date	Senior Vice President & Provost / Date
DEAN/DIRECTOR	
[] Recommend Approval[] Not Approved / Returned to Requestor	
Signature of Dean/Director / Date	