BAKE SALE PROCEDURES

Bake sales should adhere to the following procedures to avoid difficulties with the Public Health Department and to comply with The Office of Student Life Regulations.

GENERAL POLICIES

1. Take steps to protect the food from dust, flies, coughing, etc. under all circumstances.
2. Bake sales may take place only on the West Campus Walk Way. The sale is limited to baked goods only unless otherwise authorized by the Director of Student Life and or the Director of Food Service.

ASSOCIATED STUDENT BAKE SALE POLICY

1. Bake Sales are limited to one per week.

2. Bake Sale items shall consist of food prepared by the individual Club members.

3. The spirit of the Bake Sale is that it shall be only one of the means used to raise funds.

4. In cases of more than one Club applying for one specific date, the Club that has had the longest period of time since their last Bake Sale will be given the date.

5. Applications should be turned in TWO WEEKS PRIOR to the date of the bake sale. In such instances that occur, and this cannot be done, the Student Program Advisor of Student Life shall be given the discretion of giving permission for the Bake Sale.

6. Applications are to be signed by the Food Service Director and the Faculty Advisor of the student club making the request.

7. The group having the Bake sale will bring their own knives, plates, forks, napkins, serving trays, etc. UNDER NO CIRCUMSTANCES ARE THE COLLEGE’S FOOD PROGRAM SUPPLIES TO BE USED.

8. Cash boxes are available in the Student Finance Office. They should be returned at the end of the Bake sale. All money collected shall be deposited in the Cashier’s Office, Room SS-150 THE SAME DAY. Deposit slips are available in the Office of Student Life.
SAMPLE
West Campus Bake Sale Request Form

ORGANIZATION/CLUB: ____________________________________________

DATE REQUESTED: ______________________________

HOURS: __________________________

HOMEBAKED FOOD ITEMS TO BE SOLD: ____________________________________________

______________________________________________________________________________

NUMBER OF TABLES REQUESTED: ________

SIGNATURES of Faculty, Staff and Students who are supervising the Bake sale:

STUDENT IN CHARGE: ________________________________________________

PHONE______________________

EMAIL ADDRESS_______________________________________________________

FACULTY ADVISOR: ________________________________________________

PHONE_______________________

DIRECTOR OF FOOD SERVICE___________________________________________

FINAL APPROVAL: _________________________________________________
Student Program Advisor, Student Life (or Designee)

DATE_______________________

CALENDARED: _____________

______________________________________________________________________________