

UNIVERSITY OF DELAWARE PRODUCT REQUEST FORM

Today's Date:	Event Date:					
Event Name:						
Estimated Attendance:						
SPONSOR AND EVE	NT DETAILS:					
Contact Name:						
Email Address:						
Contact Phone #:	Contact Cell #:					
PLEASE CHECK ONE:						
☐ Recognized Studer	t Organization	Name of	Organizati	on:		
☐ Recognized CCC/Se	ervice/Green Team	s Name of	Organizati	on:		
☐ University Department		Name of	Departme	nt:		
☐ Academic Unit		Name of	Academic	Unit:		
DELIVERY INFORMAT	ION: Delivery Con	tacts must be av	vailable betw	veen 8am-4pm on the o	day of delivery to a	ccept the products.
Delivery Contact Name:				Delivery Contact Ph	none #:	
Delivery Contact Email:				Delivery Contact Ce	ell #:	
Delivery Date (Tues & Thurs only):						
Delivery Location*:						
*If you are a Residence Hall	or any Dept/Group	ocated on The	Green, del	ivery locations are P	erkins or Traban	t :
PRODUCT REQUEST	DETAILS: NO	TE: Pepsi pro	ducts orde	rs must be 10 case	s or more.	
	Soc	as & Tea cont	<mark>tain 24 car</mark>	is/case. Aquafina 8	<mark>k Gatorade 24 b</mark>	ottles/case.
□ Pepsi	Cases			Diet Pepsi	Cases	
☐ Cherry Pepsi	Cases			Diet Cherry Pepsi	Cases	
☐ Sierra Mist	Cases			Mug Root Beer	Cases	
☐ Mountain Dew	Cases			Aquafina	Cases	
☐ Brisk Tea	Cases			Gatorade	Cases	
☐ Bubly Sparkling Wa	ater Cases					
Additional Instructions	:					