



KSAU-HS
KING SAUD BIN ABDULAZIZ
UNIVERSITY FOR HEALTH SCIENCES

A University for the Nation's Health

BUSINESS DEVELOPMENT DEPARTMENT

Contact information: Email: Business-development@ksau-hs.edu.sa Tel. 84-92253

ACTIVITY / EVENT FORM

Food Truck & Productive Families

Requester Information

Requester Department: _____

Coordinator name: _____ contact information _____

Head of Department Approved and Signature _____ Date _____

Activity/Event Information

Activity /Event Name: _____ Date: _____

Activity /Event Description _____

Activity Location: _____

_____ (Attached with the suggested locations from google map)

Start Date: _____ Start time. _____ End Date: _____

Location/facility access is necessary for set-up prior to activity/event start time yes No

Open door for set up at: _____

Please complete the Vendors Form

Participants/Guests: University Community Invited Guests Other _____

Expected number of people attending _____

Vendors: Food trucks productive Families Total number: _____

Vendors contact information:

1- Vendor Name: ----- Contact Person(s):-----

Contact Email: ----- phone -----

2- Vendor Name: ----- Contact Person(s):-----

Contact Email: ----- phone -----

3- Vendor Name: ----- Contact Person(s):-----

Contact Email: ----- phone -----

4- Vendor Name: ----- Contact Person(s):-----

Contact Email: ----- phone -----

5- Vendor Name: ----- Contact Person(s):-----

Contact Email: ----- phone -----

Approved By: General Director Support Services, KSAU-HS

Signature: ----- Date -----