

Mississippi Valley State University
 14000 Highway 82 West
 Itta Bena, Mississippi 38941

Facility Reservation Form

_____ CAMPUS ORGANIZATION/DEPARTMENT _____ OFF CAMPUS GROUP
Please TYPE or PRINT

NAME OF EVENT _____

SPONSORING ORGANIZATION/DEPARTMENT/GROUP _____

PERSON REQUESTING FACILITY _____ Contact Number _____

CAMPUS / LOCAL ADDRESS _____ Advisor Number _____

Facility Requested _____ Room/Area _____

FACILITY Date(s) Requested _____

USAGE Time Requested FROM: _____ TO: _____ Actual Time of Event FROM: _____ TO: _____

IS THIS A	YES	_____	Admission Price: w / ID \$
FUND RAISING	NO	_____	Admission Price: wo / ID \$
EVENT?			

(A Request to Conduct Fund Raising Form must be completed if fundraiser is for a Registered Student Organization)

ARE YOU REQUESTING FOOD/EQUIPMENT?	YES	NO	Added Requests	Number	Cost
Food (Reserve with Food Service)			Building Rental		
PA System (Reserve with Facilities Management)			University Police		
Tables (Reserve with Facilities Management)			Technican/Custodian		
Chairs (Reserve with Facilities Management)			Disclaimer: Your Organization/Department/Group is responsible for cleaning the room and/or area reserved at the conclusion of your event or be charged a cleaning fee.		
Other					
Other					

The following signatures denote approval of this request. Signatures 1-7 are needed for **CAMPUS** groups. Signatures 1,4, 5,6,7,8,9, and 10 are needed for **OFF-CAMPUS** groups. Please obtain them in the numbered order of their appearance.

APPROVAL

1. _____ Person Requesting Facility	_____ Date	6. _____ Director of University Police	_____ Date
2. _____ Student Organization President	_____ Date	7. _____ Vice President for Student Affairs	_____ Date
3. _____ Advisor to Organization	_____ Date	8. _____ Vice President for Business & Finance	_____ Date
4. _____ Director of Student Leadership & Engag	_____ Date	9. _____ Director of Food Services	_____ Date
5. _____ Manager of Requested Facility	_____ Date	10. _____ Facilities Management	_____ Date
		11. _____ Office of the President	_____ Date

COMPLETED FORM	Return the completed original form to the Jacob Aron Student Center, Room 105 no later than fourteen (14) days prior to the date of the event with all the necessary signatures.
COPIES TO	The Office of Student Leadership & Engagement will provide hard copies to all of the necessary parties.

Note: The Mississippi Code prohibits the possession of firearms and the use of drugs and alcoholic beverages on all state supported campuses.