

Mississippi Valley State University Facility Reservation Form

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|--|---|--|--------------------------|
| OFF CAMPUS GROUP (Signatures 1,4,5,6,7,8,9,and 10) | | CAMPUS ORGANIZATION/DEPARTMENT (Signatures 1-7) | |
| Please TYPE or PRINT | | | |
| NAME OF EVENT _____ | | | |
| SPONSORING ORGANIZATION/DEPARTMENT/GROUP _____ | | | |
| PERSON REQUESTING FACILITY _____ | | TELEPHONE # & EXT. _____ | |
| CAMPUS / LOCAL ADDRESS _____ | | EVENING PHONE # _____ | |
| FACILITY USAGE | Facility Requested _____ | Room/Area _____ | |
| | Date(s) Requested _____ | _____ | |
| | Time Requested FROM: _____ TO: _____ | Actual Time of Event FROM: _____ TO: _____ | |
| IS THIS A FUND RAISING EVENT? | YES _____ | Admission Price: \$ _____ (A Request to Conduct Fund Raising Form must be completed) | |
| | NO _____ | _____ | |
| ARE YOU REQUESTING FOOD/EQUIPMENT? | | YES | NO |
| | | FEES | |
| Food (Reserve with Food Service) | | | Building Rental \$ _____ |
| PA System (Reserve with Facilities Management) | | | University Police _____ |
| Tables (Reserve with Facilities Management) | | | (Number X Cost) _____ |
| Chairs (Reserve with Facilities Management) | | | Technician _____ |
| Other _____ | | | Other _____ |
| Other _____ | | | _____ |
| | | | TOTAL _____ |
| 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. | | 6. | |
| Person Requesting Facility _____ Date _____ | | Director of University Police _____ Date _____ | |
| 2. | | 7. | |
| Student Organization President _____ Date _____ | | Vice President for Student Affairs _____ Date _____ | |
| 3. | | 8. | |
| Student Organization Primary Advisor _____ Date _____ | | Vice President for Business and Finance _____ Date _____ | |
| 4. | | 9. | |
| Director of Student Union/Activities _____ Date _____ | | Director of Food Services _____ Date _____ | |
| 5. | | 10. | |
| Manager of Requested Facility _____ Date _____ | | Facilities Management _____ Date _____ | |
| COMPLETED FORM | Return the completed original form to the Jacob Aron Student Center, Room 105 no later than seven (7) days prior to the date of the event with all the necessary signatures. | | |
| COPIES TO | The Office of Student Activities will copy to all 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. | | | |



Price List for Facilities Use
Per Day Cost for Use of Facilities and Services

Table with columns: Building/Service, Charge. Lists various university facilities and their associated costs, including Campus Grounds, Student Union Annex, Education Building, Cafeteria, Auditoriums, and Gymnasiums.