



STUDENT EVENT REQUEST FORM

Must be submitted at least 6 weeks prior to anticipated event date.

2023-2024

- Student Organization**
 Class Council/Program Council

Event: _____

Date of Event: _____ **Start/End** time of event: _____

Organization Name: _____

Name of requestor/title: _____

Requestor's email: _____ Requestor's phone _____

Briefly state the purpose of this event: _____

Number of attendees expected: _____

Room reservation (*please specify location*): _____

AV needs: _____

Requested funds for event (*Please attach an itemized proposed budget*): \$ _____

If not requesting any funds, consider submitting a room reservation form to tdbaker@msm.edu instead.

Catering Needs:

**Please check with OSA Program Manager (Tdbaker@msm.edu) to ensure that your desired vendor is registered with MSM and/or complete the necessary steps to register them.*

***If foregoing Café 720's catering services, please email Howard-LaFonda@aramark.com to provide notification and receive approval.*

Caterer and requested menu:

How many tables/chairs/linens:

Requestor's Signature: _____ **Date** _____

