

Mississippi State University

Event Space Request Form

****THIS FORM IS A REQUEST ONLY! YOUR RESERVATION IS NOT FINAL UNTIL YOU HAVE RECEIVED A WRITTEN OR VERBAL CONFIRMATION FROM THE RESERVATIONS OFFICE. ****

Type of User: ___ Student Organization ___ Campus Department ___ Off-Campus

Type of Event: ___ Reg. /Weekly Meeting ___ Special Event ___ Information Occurrence

Today's Date _____

Location(s)

Desired _____

Event Date(s) _____

Estimated Attendance _____

Event Title _____

Department or Group: _____

Event start time _____ AM/PM Event end time _____ AM/PM

Will admission/registration fee be charged for this event? Yes _____ No _____

Will food/beverages be served? Yes _____ No _____

Equipment and/or Setup Needed: _____

Name of Person Responsible for Event _____

Address (Personal P.O. Box) _____ Phone _____

Banner Number _____

E-mail _____

******This form must be submitted within a 48 hour period of dates requested! ******

Email: sla7@saffairs.msstate.edu or call Phone # (662)325-2126 to schedule an appointment with the Union Reservations Coordinator.