

STUDENT EVENT REQUEST FORM

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

2023-2024

Student OrganizationClass Council/Program C	Council					
Event:						
Date of Event:	Start/End time of event:					
Organization Name:						
Name of requestor/title:						
Requestor's email:	equestor's email:Requestor's phone					
Briefly state the purpose of this	s event:					
Number of attendees expected	:					
Room reservation (please specif	fy location):					
AV needs:						
	ase attach an itemized purposed budget): \$ er submitting a room reservation form to tdbaker@msm.edu instead.					
Catering Needs: *Please check with OSA Program M MSM and/or complete the necessal	Manager (Tdbaker@msm.edu) to ensure that your desired vendor is registered with ry steps to register them.					
**If foregoing Café 720's catering s receive approval.	services, please email Howard-LaFonda@aramark.com to provide notification and					
Caterer and requested menu:						
How many tables/chairs/liner	ns:					
Requestor's Signature:	Date					



APPROVAL REQUIRED FOR OFFICE USE ONLY					
Funds Ap	oproved for Disbursement: \$				
Student Organization:			Class Council/Program Council:		
Approval			Approval:		
	MD Council	Date	Program Council	Date	
Approval	:				
rr · · ·	SGA President	Date	-		
Approval	:				
1 1	OSA Program Manager	Date	_		
**NOTE:					
Interest (sm.edu)	_	ests: File with MD Council leadership (Marl		

jospowell@msm.edu, PA: dveal@msm.edu)