



CUSTOMER

EVENT INFORMATION
Event Date:
Description:
Guest Count:
Event Status:
Contact Person:
Contact Phone:
Contact Email:

LOCATION AND TIMES			
SRC Room Requested	Setup Style	Start Time	End Time

DESCRIPTION OF EVENT

EQUIPMENT	
Equipment Requested	Quantity

OTHER SERVICES	
SRC Services	MSU Services

STAFFING

SPECIAL INSTRUCTIONS

Requestor's Signature _____ Date _____ Advisor/Coordinator _____ Date _____