MONTANA STATE UNIVERSITY-NORTHERN
FACILITY USE FORM

To be completed by requestor and submitted to the Building Coordinator a minimum of five (5) days before event.

Date request made _____

Event **Begins** (date) _____ (time) _____ **Ends** (date) _____ (time) _____

BUILDING NAME _____ ROOM _____

Type/Title of event _____ Number of Participants _____

Sponsoring Organization _____

☐ Student ☐ Faculty/Staff ☐ Community

Equipment and furniture set up required? ☐ yes ☐ no (date) _____ (time) _____

(EXPLAIN & ATTACH SKETCH IF NECESSARY)

Is equipment reserved? ☐ yes ☐ no Take down required? ☐ yes ☐ no

Index Number: _____ Index Description: _____

NOTE: You may be charged for equipment and/or furniture rental, set-up, take down, electrician, & custodial services.

Use of this facility is subject to Montana State University-Northern policy #903.1 governing University property and facilities, policy #1003.1 governing alcoholic beverages on campus, and policy #903.2 governing unauthorized use of property or facilities. On behalf of my organization, I hereby assume responsibility for any damage done to the building or equipment, and agree to provide adequate adult supervision of participants in this event, restricting them to the area in which the activity is scheduled to take place. I further agree on behalf of my organization, to pay whatever charges may be incurred in conjunction with this event. I understand University services, property, and facilities may only be used for pursuit of university objectives and may not be used for private business purposes.

Responsible person during event:

Name _____
Address _____ Phone _____

(To be completed by Building Coordinator and forwarded to requestor)

To: (Requestor) _____ the facility requested **(is)** **(is not)** available for the dates and times requested inclusive.
Restrictions and conditions of use are:_____
_____

If requesting alcoholic beverage services, please fill out appropriate form (Request for Alcoholic Beverage Service form) and forward to Chancellor for Approval as per policy #1003.1.

_____
Building Coordinator Signature Date

_____
Facilities Services Director Signature Date

Please return to:
Eva Schaub, Facilities Services
MSU-Northern
PO Box 7751, Havre, MT 59501
265-3755

FORM DISTRIBUTION: Facilities Services – Building Coordinator - Requester