



FACILITY USE REQUEST FORM

Today's Date _____

EVENT DETAILS

Event Name: _____

Date(s): _____ Number of Participants Expected: _____

Times:

Event Start: _____

Event End: _____

Doors Unlocked _____

Locked Time: _____

Location/Room/Building/Area Requested: _____

Private: _____

Public Event: _____

CATERING & ALCOHOL REQUESTS

MSUN Catering ____ ([Click Here for Catering Form](#))

OFFSITE Catering ____ ([Click Here for First Right of Refusal Form](#))

No Catering ____

Alcohol Request:

Yes ____ ([Click Here for Alcohol Request Form and Email to beveragerequest@msun.edu](#))

None ____

PLEASE PROVIDE A DETAILED DESCRIPTION OF EVENT BELOW:

REQUESTING ORGANIZATION/DEPARTMENT/PERSON DETAILS:

Requesters Name: _____

Contact Person (Please Print): _____

Signature: _____ Date: _____

Phone/Cell#: _____ Email: _____

*PLEASE RETURN THIS REQUEST TO THE FOLLOWING EMAIL FOR CONSIDERATION AND ALLOW AT LEAST 48 HOURS FOR A RESPONSE: events.requests@msun.edu

VENUE COSTS PER DAY Dependent on Occupants

Standard Classroom	\$50	Larger Classroom	\$150
Shop Areas	\$200	Conference Rooms	\$50
SUB Ballroom	\$350	Armory Gym	\$1500
Outside Areas	\$100		