



MONTANA STATE UNIVERSITY NORTHERN

FACILITY USE REQUEST FORM

Today's Date: _____

EVENT DETAILS

Event Name: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Location/Room/Building/Area Requested: _____

Target Audience (Students, Faculty/Staff, Community): _____

Number of Participants Expected: _____ Private Event: _____ Public Event: _____

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

CATERING & ALCOHOL REQUESTS

MSUN Catering ___ <https://www.msun.edu/housing/docs/MSUNCateringServices2023.pdf>

Offsite Catering ___ <http://www.msun.edu/busserv/docs/FirstRightofRefusalForm.pdf>
(Send Catering & First Right of Refusal forms to cateringrequest@msun.edu)

No Catering _____

Alcohol Request:

Yes ___ <https://www.msun.edu/busserv/docs/AlcoholicBeverageServiceRequest3.pdf>
(Send Alcoholic Beverage Service Request form to beveragerequest@msun.edu)

None _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF EVENT:

SPONSORING ORGANIZATION/DEPARTMENT DETAILS:

Organization Name: _____

Contact Person (Please Print): _____

Signature: _____ Date: _____

Phone/Cell #: _____ Email: _____

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Campus Events Concerns (if any):

Core Leadership Concerns (if any):

Recommendation: Yes ___ No ___

Recommendation: Yes ___ No ___