

*** Please complete at least one week prior to the date of the requested event. ***

Missouri State University

Academic Space

Reservations/Catering Request Form

Event Information

Dept/Organization _____ Phone _____

Name of Event _____

Type of Event (Circle Below)

Meeting Banquet Performance Workshop Party Film

Other _____

Estimated **number** of people: _____

Building and Room Preference _____

2nd Choice Building & Room _____

Single event:

Date(s): _____

Mon Tue Wed Thur Fri Sat Sun

Recurring event:

Weekly, Every other week or Monthly?

Mon Tue Wed Thur Fri Sat Sun

Start **Date**: _____ End **Date**: _____

Time I want to meet security to unlock room _____ AM/PM (circle AM or PM)

Event Starting Time _____ AM/PM Event Ending Time _____ AM/PM

Is this a fundraiser? Yes / No Will anything be sold/are you charging admission? Yes / No

**After you have read each policy statement, initial indicating you understand and will comply with each:

_____ One of the two contact persons named on this form will meet a Campus Security officer at the indicated time to unlock the door of the reserved room. That person must show the officer his/her Missouri State ID.

_____ Where possible, the officer will relock the room door so that it will lock behind our group after we leave at the conclusion of the meeting. At the end of our meeting/event, I will make sure the room is cleared of participants, shut the door and make sure that the door is locked.

_____ If the room cannot be set to relock, an officer will lock the room at the scheduled event ending time. If an officer does not arrive at the end of our event, I will call 836-5509 and wait for an officer to lock the door.

_____ I understand that the reservation will not be extended on the day of the event. An officer arriving to lock up the room at the end of the reserved time, has the authority to ask the group to exit the space so that the room may be secured.

_____ I will notify Conference Services Office (836-5653) if our event is canceled.

_____ I will notify the Conference Services Office (836-5653) no later than 72 hours in advance regarding any change to the meeting/event times.

_____ The room must be left in the same condition as it was when we arrived. If not, our organization/department may incur charges and/or have room reservation privileges revoked. My group assumes responsibility for all equipment in the room during the time we have the space scheduled. The room **MUST** be locked before the contact person leaves. I **understand that we may be charged for the repair or replacement of damaged or stolen equipment.**

By signing this form, I acknowledge the following requirements for use of academic space and agree to them:

Signature _____ Date _____

Printed Name _____

Name of Requestor _____

Phone # _____ Email _____

2nd Contact Person _____

Phone # _____ Email _____



Parking: please consider what kind of parking arrangements (if any) will be needed and discuss with Conference Services Staff.

****All equipment/setup needs must be requested 10 working days in advance.****

Please Check One

No Food Planned Ordering from PSU Vendor Missouri State Catering for food (order below)

By initialing you verify that the food services requested are in compliance with the University Fiscal Responsibility Policy <http://www.missouristate.edu/policy/fiscalresponsibility.htm> and that you understand that expenses incurred that are inconsistent with the policy will become your personal responsibility.

*****Please Note: Food is not permitted in some academic spaces. *****

Food Information (circle your choices below)

Is Food Service Requested? Yes / No What is requested serving time? _____

Served Meal **or** Buffet?

Please list requested menu (or attach additional sheet)

When do you want Food Service removed? _____

(If no time is given, room will be cleaned only after event ending time.)

Billing Information (required for food service order)

Missouri State University Dept Budget # and Business Purpose (be specific): _____

(Off campus organization) Billing Address: _____

Signature (Must be Budget Administrator, Organizational Officer, or Event Planner)

Date _____

All food at events on campus must be catered or approved through Missouri State Catering services (836-5046).

Food Service requests need to be made at least 10 business days prior to the event with the final count confirmed at least 3 business days before the event.

**Robert W. Plaster
Student Union**

Missouri State University Conference Services
email: ConferenceServices@missouristate.edu

Phone: (417) 836-5653

Fax (417) 836-6765

Revised 05/13/11