

BANNER REQUEST FORM

**All request(s) must be received FIFTEEN (15) business days
prior to the date of the event, NO EXCEPTIONS!**

Date Requested: _____

Person Requesting Banner: _____

Department Name: _____

Phone Number: _____ Fax Number: _____

Date of Event: _____

Name of Event: _____

MESSAGE TEXT TO GO ON BANNER (20 words or less, 4 line minimum):

*Please note: Please refrain from dated request(s), where possible.
Most banners can be recycled for any reoccurring event(s).
Limit two (2) banners per department.*

Number of Banner(s) _____ **x \$100 = \$** _____

_____ Approved: _____ Date: _____

Contractual Services

_____ Disapproved: _____ Date: _____

Contractual Services

Comment(s): _____

*Please complete this form and email to: alcinia.pugh@jsums.edu or
jeannette.chase.price@jsums.edu. Or print and fax to 601-979-1567.*