

Jackson State University®
Auxiliary Enterprises
Facility Usage Request Form

Request(s) must be received 10 business days prior to the Event date.

Please type or print legibly.

Please fax the completed form to (601) 979-9853 or email contractual.services@jsums.edu.

REQUESTING PARTY INFORMATION

Date:	
Printed Name:	Signature:
Email:	
Phone:	Fax #:

EVENT INFORMATION

Event Date:
Event Name:
of participants:
Please provide a brief description of event:
Are menu items from SodexoMagic catering needed? If so, please provide items requested.

SELECT REQUESTED EVENT LOCATION

<input type="checkbox"/> Bookstore	<input type="checkbox"/> Starbucks	<input type="checkbox"/> Other _____	
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APPROVALS

DEPARTMENT	PRINTED NAME	SIGNATURE	YES	NO	DATE
Auxiliary Enterprises	Kamesha Hill				
SodexoMagic	Evonda New				
Follett Bookstore	Dyonne Conner				

By signing above you agree and approve of the requested event.