

**MONTCLAIR STATE UNIVERSITY
FUNCTION REQUEST FORM**

THIS FORM MUST BE SUBMITTED 10 BUSINESS DAYS PRIOR TO EVENT
This form is for all student events **EXCEPT** bake sales, tables, and general meetings.

Date Request Submitted: ___/___/___

Date of Event: ___/___/___ S M T W T H F S A Alternate Date(s): ___/___/___ ___/___/___

Start Time: ___ am pm End Time: ___ am pm Event Title: _____

Requesting Organization: _____ Co-Sponsoring Organization: _____

Event Coordinator: _____ Phone: _____ E-mail: _____

Detailed Description of Event:

Number of Anticipated Participants: _____ Desired Location/Building: _____ Room: _____

Alternate Location(s): _____

Organization President Event Approval Signature: _____

Set-up needed: Conference Style Theater Style Tables & Chairs Other _____

Equipment needed: Mic # _____ Overhead Projector Screen Extension Cord Podium TV/VCR Other _____

Diagram your desired room set-up:

ClassIV Advisor Approval : _____ Director of Campus Recreation Approval: _____

Director of Student Activities Approval: _____ Director of SC Programs Approval: _____