Murray State University Reservation Request Form

This reservation request form is to be used for non-university groups and individuals requesting use of outdoor areas. All reservations require sponsorship except for Free Speech Zone request.

Date of Request: _____________ Date(s) of Event: ________________ (minimum of 3 business days in advance) (maximum of 2 days at a time)

Beginning Time: _____________ Ending Time: ________________

Area Requested: ______________ Estimated Number of Participants: __________

Name of Person or Group wishing to reserve area: ________________________________

Contact Name: __________________ Phone Number: _______________________

Address: _______________________ Cell Number: _______________________

______________________________ Email: ________________________________

Brief Description of Activity: _____________________________________________

Equipment To Be Utilized: ________________________________________________

Set Up and Clean Up Procedures: __________________________________________

Name of Sponsoring Organization (MSU registered student group/academic department/administrative office) ____________________________________________

Sponsor Contact: _______________ Phone Number: _______________________

Address: _______________________ Cell Number: _______________________

______________________________ Email: ________________________________

The terms of MSU’s “Policy on Use of Outside Areas by Non-university Groups and Individuals” are incorporated here. Additional terms and conditions may apply if this is a “Special Event.” No representation will be made that any activity or event is sponsored by Murray State University.

Reviewed:

______________________________ ______________________
Director, Public Safety Date Signature of Requestor Date

______________________________ ______________________
Associate V.P./CFO Facility Mgt Date Authorized Sponsor Signature Date

______________________________ ______________________
General Counsel Date

______________________________ ______________________
Facility Coordinator Date

______________________________ ______________________
Other Administrator Date

Approved: ____________________ ______________________
Title Date

Disapproved: ____________________ ______________________
Title Date