CONNORS STATE COLLEGE
Request for Facility/Catering Services

Date:____________________

☐ Warner Campus  ☐ Downtown Muskogee Campus  ☐ Three Rivers Port Campus

Please check one:  ☐ Student Group of Organization  ☐ Campus Department  ☐ Off Campus Group

Department or Group Name: ______________________________________________________

Type of Event:__________________________________________________________________

Anticipated number of participants in attendance: _________________________________

Event Date:_______________________ Start Time:___________ End Time:_______________

Will there be an outside charge for your event?  ☐ Yes  ☐ No

Will food or beverages be served?  ☐ Yes  ☐ No  If yes, please complete Food Service request below.

(Please note, our food service contract prohibits food/beverages from outside resources for events held at the Warner Campus. Food and beverage requests will be catered by our campus food center. Alcoholic beverages are prohibited)

Meeting Coordinator:_________________________ Telephone Number:__________________

Email Address:______________________________ Fax Number:________________________

Food Service Requested - Warner Campus:

☐ Buffet  ☐ Served  ☐ Beverages  ☐ Desserts  ☐ Coffee  ☐ Reception Foods

Time and location of food requested: ______________________________________________

Number of people to be served: _______________

Description of food service requested: ______________________________________________

Room(s) Requested:

Warner Campus  Downtown Muskogee Campus  Three Rivers Port Campus

☐ Classroom  ☐ Classroom  ☐ Classroom

☐ # of rooms____________

☐ Room #____________

☐ Gym

☐ MSFH–Multi-Purpose Room

☐ Student Union Lobby

☐ Student Union Lounge

☐ Cafeteria

☐ Indoor Pool

☐ Fine Arts Auditorium

☐ LLC Auditorium

☐ Other (please specify)______________________________________________________

*Audio/Visual Needs:  (Please check all that apply)

☐ Podium

☐ Microphone

☐ Screen

☐ Overhead Projector

☐ LCD Projector

☐ Laptop

☐ Slide Projector

☐ TV/VCR

☐ Easel

☐ Internet Connection

*Technician or special set-up charges may be applied.
Security serves will be provided by Connors State College. When applicable, group will be charged for these services.

Additional comments.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

_____________________________  __________________________
Signature         Date

Office use only.

Facility Reservation:
Room number: ___________
Security:  ____ Yes  ___No
Equipment: ______________________
_________________________________
_________________________________
_________________________________

Copies to:  □ Food Service  □ Maintenance/Custodial Services
□ Security         □ LLC
□ Academic Services □ Business Office
□ Athletic Director □ Other ____________________________