



THE UNIVERSITY of
MISSISSIPPI
JACKSON AVENUE CENTER
OFFICE OF OUTREACH OPERATIONS
DIVISION OF OUTREACH AND CONTINUING EDUCATION

FACILITIES RESERVATION REQUEST FORM
Jackson Avenue Center Office, Room H02

Contact Information

User _____

Contact Person _____

Department/Company _____

Telephone Number _____ Cell Phone Number _____

Mailing Address _____

Email Address _____

Event Information

Name of Event _____

Date of Event _____ Time of Event _____ Number of Attendees _____

Description of Event _____

Setup Request for Event: Auditorium Classroom Banquet Special
(If you choose Special, you will be contacted for more complete information)

For Student Organization use only:

Is this a student organization event?
YES NO

Was an Application for Event form completed?
YES NO

Form of Payment

See Terms of Use for usage fee schedule and payment deadlines.

University Account _____

Visa/MasterCard _____ Exp. _____ CVV _____

Check/Cash _____ Check No. _____

Signature _____

Jackson Avenue Center Staff Signature _____