# EVENT REQUEST FORM

**This form is a request only**. We will try to accommodate all requests; however, our first obligation is to Mississippi State University. **All requests must be received with in one week of the event.**

Name of Event: _____

Location of Event: _____

Address: _____

City: _____ State:_____ Zip: _____

Contact Name: _____ Contact Number: _____

Date of Event: _____ Time: _____

Please indicate type of appearance:

Bully Cheerleaders Pom Squad

*_____ Number of cheerleaders/pom squad members

Appearance 1 hour _____

Extra hours ____ X $50.00 _____

Milage ____ miles X $ .48 _____

- Round trip

Food reimbursement _____

Total _____

Signature: _____ Date: _____

Please sign and fax both forms to:
Melissa Nichols- MSU Spirit Coordinator
Fax number - 662-325-0637