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 - 662-325-3188

Reset Form