

**St. Cloud State University American Indian Center
Activity/Event Request Form**

Facilities Requested:

Event Sponsor:

Contact Person(s): _____ **E-mail:** _____

Address:

Phone: (Home) _____ **(Office)** _____ **(Mobile)** _____

Date of Activity/ Event: _____ **Time Needed:** _____

Number of attendees:

Description of Activity/ Event:

Requestor Signature: _____ **Date:** _____

AIC Director Signature: _____ **Date:** _____

This is a request to reserve available resources and is not a binding agreement. Please submit your deposit with this request in order to secure your reservation. Please make checks payable to St. Cloud State University. To check on availability of a date or facility, contact AIC Staff at aic@stcloudstate.edu or 320.308.5449. Final decisions will be made in writing.