MISSISSIPPI VALLEY STATE UNIVERSITY OFFICE OF STUDENT LEADERSHIP & ENGAGEMENT REQUEST TO SPONSOR OFF-CAMPUS SPEAKER/ENTERTAINER/DJ

Please **TYPE** or **PRINT** clearly.

Event Information		
Name of Event		
Event Date(s)	Time	
Location of Event		
Proposed Speaker(s) / Entertainer(s)	<u>/ DJ</u>	
Name of Speaker(s) / Entertainer(s) / DJ	J	
If speaker(s), state topic		
If entertainer(s), state type of performan	ce	
Give a brief biographical sketch of the is	ndividual/group. Include position, title, and s	tatus.
Person Submitting Form		
Name	Campus Address	
E-mail Address	Contact #	
Signature	Date	
Organization Signatures		
Note: Organization signatures must be obtained	l before approval.	
President of Organization D	Advisor to Organization	Date
FOR OFFICE USE ONLY		
Request Approved	Director of	Date
Denied	Student Leadership & Engagement	Dun
Dogwood		
Request Approved	Vice President for Student Affairs	Date
Denied		