

THE COLLEGE AT
OLD WESTBURY
 STATE UNIVERSITY OF NEW YORK #

DIVISION OF BUSINESS & FINANCE #
 #

Request for Facilities Use

Fed Tax ID: _____ PERMIT #: E _____

Name of Organization: _____ Contact Person: _____

Address: _____ Tel No: _____

_____ Alt No: _____

_____ Fax No: _____

E-Mail Address: _____

Corp Status: Non-profit _____ Profit _____ Estimated Attendance: _____

Purpose of Event: _____

Facility/ies Requested: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Access Time							
Rehearsal Time							
Show							
Start Time							
End Time							

Attach additional forms if more dates requested.

We are requesting: Total # of Days _____, Total # of Hours _____

Schedule of Admission/Charges: Will tickets be sold at the gate? Yes ___ No ___ Sale of merchandise Yes ___ No ___

General Public \$ _____, Old Westbury Students \$ _____ Other \$ _____

Mode(s) of Transportation (# of each): Auto ___ Bus ___ Other ___

Parking Facilities Needed: Campus Center: ___ Clark Center, ___ Academic Village: ___ Science Building: ___

Equipment Needs (Specify): _____ Audio Visual Needs (Specify): _____

Other Needs _____

Indicate related activities associated with Facilities Use (e.g. Music, Refreshment /Catering, Promotional Activities, etc): _____

Please note that the following requirements are necessary prior to the use of the College at Old Westbury's facilities

- Review and approval of all publicity and posting of signs
- Signed permit by permittee and notary public
- Certificate of insurance stating SUNY College at Old Westbury as additionally insured
- Certificate of Incorporation(If applicable)
- All deposits and payments

Return to: Business Compliance Office
 SUNY College at Old Westbury
 P.O. Box 210
 Old Westbury, NY 11568
 Attn: Michael P. Dolan, Room I-109, Campus Center

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