INTERNAL EVENT FACILITY REQUEST FORM

(FOR USE BY SUNY COLLEGE AT OLD WESTBURY STUDENTS, FACULTY AND STAFF)

FROM: (Prospective Organizer) _____ **Event No.** _____

Organization/Group Name: _____ **Date:** _____

Campus Telephone Number: **Alternate Number:**

TITLE OF EVENT: _____

Description of Event: _____

_____

Facility/Room Requested: _____, _____ **Alternate Room:** _____, _____

Date of Event: _____ **Estimated Attendance:** _____

Time Doors Open: _____ **Exact Time of Event is from:** _____ **to** _____

Total Time Needed to Access Area(s), including Set-Up & Clean-Up is from: _____ **to** _____

Admission Charge: Student $_____ **Non Student $**_____ **Other:** _____ **$** _____
Besides admission, is there any other charge or cash exchanged? If so, please detail:

_____

SPECIAL ARRANGEMENTS: Tables (#) Chairs (#) Podium ( ) Microphone ( ) Other ( )

For Audio needs the requestor will need to contact Mark Braverman X 3132 / 3245
Description of Special Arrangements, Food Service or Audio Visual Needs: _____
**** If a D.J. is to be used the D.J. is required to have a Certificate of Insurance naming SUNY of Old Westbury. Contact the Business Compliance Office at ext. 3483 before arrangements are finalized.**

_____

On-Campus Caterer: Sodexho Marriott (Preferred) **Telephone Number: (516) 876-3225**

Off- Campus Caterer Name:** _____ **Telephone Number:** _____

**** Off-Campus caterer requires a Revocable Permit & Certificate of Insurance naming SUNY of Old Westbury. Contact the Business Compliance Office at ext. 3483 before arrangements are finalized.**

AUTHORIZATIONS:

Director, Student Activities: _____ _____
Signature **Date**

Vice President, Student Affairs: _____ _____
Signature **Date**

Supervisor/Department Chair: _____ _____

Vice President /Department Head: _____ _____
Signature **Date**