

# Internal Event Facility Request Form

(For use by SUNY College at Old Westbury Students, Faculty and Staff)  
Please fill out entire form. Incomplete forms will be DENIED

<b>Contact Information:</b>		<input type="checkbox"/> Student Club/Organization	<input type="checkbox"/> Greek Lettered Organization	<input type="checkbox"/> Faculty/Staff		
Department/Organization: _____						
Contact Person: _____			Date Submitted: ____/____/____			
Email Address: _____@oldwestbury.edu						
Phone Number: (____)____-____-____						
<u>Event Details</u>  <b>Title of Event:</b> _____  <b>Description Of Event:</b> _____  <b>Time of ACTUAL Event:</b> From: ____:____ To: ____:____  <b>Total time including Set up and Breakdown:</b> From: ____:____ To: ____:____			<u>Event Details</u>  <b>Date of Event:</b> ____/____/____  <b>Location Building:</b> _____  <b>Room:</b> _____  <b>Alternate Location Building:</b> _____  <b>Room:</b> _____  <b>Estimated Attendance: #</b> _____ <small>Events with over 100 guests WILL require CSS.</small>		<u>Recurring Dates</u> ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____	
<b>Room Set Up</b> <i>Please check and fill</i>  <input type="checkbox"/> Table(s) # _____  <input type="checkbox"/> Chair(s) # _____	<b>Audio Visual</b> <i>Please check and fill</i> <small>You must contact Media Services for all AV needs X3155 / 3245 to arrange for.</small> <input type="checkbox"/> Podium(s) # _____  <input type="checkbox"/> Microphone(s) # _____  <input type="checkbox"/> Projector(s) # _____ <small>(must provide your own laptop)</small> <input type="checkbox"/> Sound/Speakers  <input type="checkbox"/> TV/VCR/DVD  <input type="checkbox"/> Other: _____ _____	<b>Event Type</b> <i>Please check and fill</i>  <input type="checkbox"/> Band/Dance/Performance  <input type="checkbox"/> Speaker/Lecture/Discussion  <input type="checkbox"/> Novelty Act/Show/Event  <input type="checkbox"/> General Meeting  <input type="checkbox"/> Meal/Banquet/Dinner  <input type="checkbox"/> Rehearsals  <input type="checkbox"/> Other: _____ _____	<b>Catering</b> <i>Please check and fill</i> Will there be food at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus  <input type="checkbox"/> On-Campus : Chartwells Phone Number: (516) 876-3225  <input type="checkbox"/> Off-Campus:  Vendor Name: _____ _____ _____  Phone Number: (____)____-____-____			
<b>Authorizations:</b>						
I, _____, hereby acknowledge that if the room is not left in the condition in which it was found or materials						
<small>Contact Person (Print Name)</small>						
are missing from the room, I understand I am responsible for the cost of cleaning, repairs or material replacement.						
_____			Date: ____/____/____			
<small>Contact Person (Signature)</small>						
Club/Organization Advisor: _____			Date: ____/____/____			
<small>Print &amp; Signature</small>						
Director, Center for Student Leadership & Involvement (or designee): _____			Date: ____/____/____			
<small>Signature</small>						
Department Chair: _____			Date: ____/____/____			
<small>Signature</small>						
Residence Hall Director: _____			Date: ____/____/____			
<small>*Needed for events taking place in Resident Halls Only</small>						
<small>Signature</small>						
University Police: _____			Date: ____/____/____			
<small>*Needed for Party's and events over 100 in attendance</small>						
<small>Signature</small>						
Vice President, Student Affairs/Academic Affairs: _____			Date: ____/____/____			
<small>Signature</small>						
<b>Office Use:</b>						
<input type="checkbox"/> Approved: Space Granted : _____			Date: ____/____/____			
<input type="checkbox"/> Denied: Reason for denial: _____			Date: ____/____/____			