



SUNY College at Old Westbury

Notification of Facilities Use

Date:

Permit #

Date(s) of Event:

The use of college facilities has been authorized as follows:

Organization: _____

Event: _____

Facilities to be used: _____

Date(s): _____

Doors Open: _____ Estimated Attendance: _____

Event Duration: _____

The following individual is in charge of the event and should be contacted regarding specific questions:

Name: _____ #REF! Phone: _____

Please ensure that:

Facilities are open Air conditioning is on Area is clean & tidy before event

Lights are on Heat is on Area is clean after event

The following special arrangements are made:

Podium Microphone Tables # Chairs # Stage #

Special Notes: _____

Sound Technician Required?: _____ Approved by: _____

Abbreviations :

Campus Center CC Academic Village AV Student Union SU
Clark Center Clark Natural Science Bldg. NSB Multipurpose Room MRP
Conference Rooms A or B

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