SUNY College at Old Westbury



Permit #:			Date:		
То:					
			Phone		
Attn:			Event Date(
			Time(s):		
Your request to rent facilities in the:	Clark Center pool				
Line hanne V Tartetiusky annexed		A manage of the state of		Denied	
Has been: X Tentatively approved	Approved	Approved with r	estrictions (see attachment)	Denied	
The Total Cost of Your Event is:					
A Non Refundable Deposit (20% of Cost) is:	\$		Deposit due date:		
Final payment is:	\$		Final payment due date:		
Your check should be made payable to SUNY	College at Old We	estbury			
and remitted to:	0		If you have any questions plea	ase contact:	
SUNY College at Old Westbury			Michael P. Dolan, Facilities Rentals Coordinator		
PO Box 210			Campus Center, H-317		
Old Westbury, NY 11568			Tel: (516) 876-3483; Fax: (516) 876-4972		
Attn: Bursar's Office			E-Mail: dolanmi@oldwestbury	/.edu	
Please include the permit number on your	check and any co	rrespondence relati	ng to the event.		
Thanks for	considering the C	College at Old We	stbury Facilities for your e	vent!	
		T3 inio formEstimate		6/25/2014	

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