

Organization Affiliation: ☐ City College/CUNY ☐ External Organization ☐ Not-For-Profit

EVENT INFORMATION

Organization/Department: _____

Event Name: _____

Event Date(s): _____ ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Space(s) Requested: _____ Number of Attendees: _____

Program Begins: _____ Program Ends: _____

Type of Activity: ☐ Meeting ☐ Workshop ☐ Class Activity
Select all that apply. ☐ Lecture ☐ Conference ☐ Other

Target Audience: ☐ Students ☐ External to College
Select all that apply. ☐ Faculty/Staff ☐ Invite Only

Food & Beverage ☐ Yes ☐ No

Name of Caterer: _____

Alcohol Served ☐ Yes ☐ No

External Vendors Contracted ☐ Yes ☐ No

Admission Charged ☐ Yes ☐ No

Admission Cost: _____ Number of Tickets on Sale: _____ *Leave blank if not applicable.*

Detailed Event Description:

Special Set-Up Requirements:

(If necessary, please provide diagram.)

Audio/Visual Request:

(Sound Support Services, Projection, etc.)

APPLICANT INFORMATION

Event Contact: _____

Address/Bldg Number: _____

Email: _____ Phone: _____

CERTIFICATION

All of the above information in this application is accurate. I certify that I have received a copy of applicable college policies and regulations and will follow all policies and procedures as outlined. This application does not guarantee approval. I certify that I am authorized to submit this application for the event listed above on behalf of my Department Chair/Head/Organization and to commit such funds as itemized by the College associated with the use of the previously named facilities.

Authorized Signature: _____ **Date:** _____

Office Use Only

Application Number: _____

Physical Plant

☐ Non-Reimbursable

Public Safety

☐ Non-Reimbursable

Notes

Notes