

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