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.

	atlon:			,
			Date Submitted:/	Recurr
Phone Number: ()			Date /_
Event Details			Event Details	/_
Title of Event:	· .		Date of Event://	- /_
Description Of Building: Event:				_/_
		•	Room:	_/_
Time of ACTUAL Even	it:		Alternate Location Building:	_/_
From::	To::			
Fotal time including S	Set up and Breakdown:		Room:	
From::	To::	•	Estimated Attendance: # Events with over 100 guests WILL require CS	ss/_
Room Set Up	Audio Visual	Event Type	Catering	⊢ _/ <u>.</u>
lease check and fill	Please check and fill You must contact Media Services for	Please check and fill	Please check and fill Will there be food at this event?	
Table(s)#	ali AV needs X3155 / 3245 to arrange far.	Band/Dance/Performance	□Yes □No	
D Chair(s) #	Podium(s)#	☐ Speaker/Lecture/Discussion	If yes, □On-Campus □Off-Campus	—/ <u>-</u>
	Microphone(s) #	☐ Novelty Act/Show/Event	□On-Campus : Chartwells	
	Projector(s) # (must provide your own laptop)	☐ General Meeting	Phone Number: (S16) 876-3225	/_
	☐ Sound/Speakers	☐ Meal/Banquet/Dinner	□Off-Campus:	/-
	□ TV/VCR/DVD	☐ Rehearsals	Vendor Name:	/
	□ Other:	Other:		/_
•		o out.	Phone Number: ()	/_
	<u> </u>	Authorizations:		
Contac	t Person (Print Name) are m	hereby acknowledge that if the	ne room is not left in the condition in which it was f in responsible for the cost of cleaning, repairs or ma	ound or mate iterial replac
·		······································	Date:/_	,
	Contact Person (Signature)			
Tuk/Ousseisstien Adv	deam	•	Date:/	. ,
llub/Organization Adv		ature		
Director, Student Activ		oture		/
Department Chair: Date:/				/
- Paramonio Simili		a ture		. —
Resident Hall Director: Heeded for events taking place in Re		re	/	/
Iniversity Police:		· · _	/	/
		ire		-