

STATE UNIVERSITY OF NEW YORK HEALTH SCIENCES UNIVERSITY OFFICE OF ROOM SCHEDULING

APPLICATION FOR USE OF CAMPUS FACILITIES

(Involving Members of the Public)

Please provide all information that pertains to your organization, the sponsorship of the proposed event and the particulars of the event itself.

Missing or incomplete information may result in delays or the denial of your application.

1. Provide the following information about the person making this application:

Name _____ Daytime telephone (____) _____

Address _____

Nature of affiliation with SUNY-HSU (check one):

A. Student _____ B. Employee _____ C. Alumnus/a _____ D. No affiliation _____

Do you make this application on behalf of an organization?

Yes _____ No _____ If you checked "No" go to Question 3

2. HSU Organization(s) sponsoring the event (if applicable):

~~If sponsoring an external organization or group, please give the following information:~~ _____

Name _____ Address _____

Contact Person _____ Telephone (____) _____

3. Non-HSU organization(s) sponsoring the event (if applicable):

Name _____ Address _____

Contact Person _____

Telephone (____) _____

4. Names, titles and daytime telephone numbers of three (3) officers of the organization. If the group has no officers, list three (3) members involved in the sponsorship of the event. This list may include the applicant if (s)he is one of the officers or members, as the case may be.

Name	Title	Telephone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

5. Will any entity or person, not affiliated with SUNY-HSU, manage, operate, or supervise the event or control the use of the facility? Yes _____ No _____

If you checked "Yes," provide the following about that other organization or person:

Name _____ Telephone (____) _____

Address _____

How is this entity related to you or your organization?

6. Is any external group participating in this event? Yes _____ No _____

If you checked "Yes," please state the name or nature of the group

7. Will the event be advertised or posted off campus? Yes___ No___

If you checked "NO" go to Question 9

What type of publicity will be used (check all that apply):

___ Radio ___ Posters
___ Television ___ Flyers
___ Newspaper ___ Social Media (specify)

Please provide a copy of the advertisement or press release. Off-campus publicity must be approved by the HSU President or designee.

8. Do you expect media coverage of this event? Yes___ No___
Will event be live streamed? Yes___ No___
Will event be video streamed? Yes___ No___

If you checked "Yes" indicate the type(s) media platform(s)

___ Eventbrite ___ Facebook
___ Twitter ___ Instagram
___ LinkedIn ___ Other (specify)

9. For what purpose is the campus facility requested?

10. Date and time (indicate AM or PM) for which use is requested

Day	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Type of facility requested

___ Classroom ___ Conference room ___ Lecture Hall ___ Grove
___ Atrium ___ Auditorium ___ Lounge ___ FMD Space
___ PHAB Hall ___ Other (specify)_____

If you checked Grove contact Classroom Services at Ext. 2639 for part B of Facilities Use Application Form.

12. Provide the age group and estimated number of people expected to attend (check applicable age group(s) and fill in the estimated number for each group):

Age group	Number of persons
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___ Under 12 years _____
___ 12 to 18 years _____
___ Over 18 years _____

If participants or audience will include persons aged 18 or under, who will not be accompanied by adult relatives, state the number of supervisors accompanying the group _____

13. Will an admission or registration fee be charged?

Yes___ No___ Amount \$ _____

Will donation be solicited? Yes___ No___

Will anything be sold at this event? Yes___ No___

If yes, What and by whom? _____

If yes, How will fees be collected?

14. Will a special set-up be required? Yes___ No___

If yes, please specify (e.g., tables, caterer's requested setup)

Please provide a sketch of table layout attached to a FM&D Work Order. All layouts must be approved by Facilities Management & Development.

Will live music be played? Yes___ No___

Will recorded music be played? Yes___ No___

Will amplification equipment be used? Yes___ No___

Will any equipment be brought to the event? Yes___ No___

If yes, specify w/utility requirements

Will equipment requiring more than 1 electric power receptacle in excess of 2 amps be used?

Yes___ No___

Will any special equipment be required? Yes___ No___

If yes,

specify _____

Will there be special decoration? Yes___ No___

If yes,

specify _____

15. Do you plan to serve any of the following:

Alcoholic beverages? Yes___ No___

Food? Yes___ No___

Yes___ No___

Yes_____ No_____

Address _____

- 17. Please give a detailed description of event (list all guests and activities)**

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Signature _____ Date _____