AS PER COUNTY LAW #9 SMOKING IS NO LONGER ALLOWED ON CAMPUS PROPERTY

FACILITIES APPLICATION: Please complete and return within one week. It is highly recommended that you make all reservations as least one month in advance. Requests for last minute facility and equipment cannot be guaranteed.

Internal Request Only: If you are ONLY requesting the use of the room, please contact the Registrar directly to book the room. Kerrie Hicking (845)687-5080 hickingk@sunyulster.edu

**All other requests should be directed to the following**
SUNYULSTER
COTTEKILL ROAD
STONE RIDGE, NY 12484
(845)687-5190 Tagliafn@sunyulster.edu

Incomplete Forms will not be processed
Final approval will come in the form of an e-mail from the Vice President for Administrative Services Office
Please do not advertise your event till this approve is official

Name of Program: ______________________________________________________________
Please describe program in full: __________________________________________________
____________________________________________________________________________
If non-profit organization include tax exempt # _________________________________

◇ A Certificate of Insurance must be attached to this application.

Date(s) of the event: ____________________________________________________________

Please include all dates related to the event (expected Rehearsal and/or set-ups.)

Organization: _______________________________ Telephone: ______________________

Contact person: _______________________________ Cell: ____________________________

Address: _______________________________ E-Mail: ________________________________

____________________________________________________________________________

FAX: ________________________________

Total hours (including set-ups, breakdown and clean-up)
Circle a.m. or p.m. ___________a.m. p.m. to ___________a.m. p.m.

Time program actually begins___________a.m. p.m. ends______________a.m. p.m. Program is
open to: □ Public □ Students □ Faculty □ Members Only □ Admissions Fee ___

Audio, visual, communications equipment needed: (Technician required and provided with fee)

□ *Piano   *approval required from the Music Coordinator __________________________
□ DVD □ VCR □ TV □ LCD (with personal laptop) □ LCD (computer provided by UCC)
□ Sound (PA System) □ Web Access (personal computer) □ Web Access (UCC provided computer)
If you require either a computer or web access please complete and submit the following form online: http://people.sunyulster.edu/OIT/forms/HelpdeskAccountRequest/non-employee-acct-req.asp

- Registered Nurse  Required times needed: From__________to__________
- I would like to have an Admissions Representative welcome this group and share some information about Suny Ulster. Yes No if yes, what time________.
- Quimby Theater Light/Sound Board /Technician (Technician required and provided with fee)
- Other equipment or special set-up needed: ________________________________________________________________
- Dining requirements: _

Facilities desired: Please list number of attendees expected – Do not exceed maximums listed
- Cafeteria [Max. capacity 495]______ Faculty/Staff Dining Room [Max. capacity 65]
- Quimby Theatre [Max. capacity 483]______
- Senate Gym [Max. capacity chairs only no bleachers 1955]______
  [Table and Chairs no Bleachers 1425]______
  [Athletic Event with bleachers 950 seating capacity + 11 handicapped]______
- Senate Gym Stage [Max. capacity Tables and Chairs 192]______ [Chairs only 325]______
- College Lounge [Max. capacity Tables and Chairs 158]______ [Chairs only 200]______
- Howard St. John Seminar Room [Max. capacity Tables and Chairs 57]______
- Baseball Field______ Softball Field______ Soccer Field______ Tennis Courts______
- # of Classrooms needed________ List classroom numbers if known ____________________________

Yes/No tables # needed________ # of chairs ___________ □ _________ # of expected attendees

SPECIFIC SETUP REQUIREMENTS: ________________________________________________________________

PLEASE COMPLETE AND SIGN THIS STATEMENT:

_________________________________________  Agrees to (1) accept responsibility for payment of fees indicated on
the fee schedule and for any other charges resulting from the organization’s use of college facilities; (2) promptly pay for any
loss or damage to College property arising out of or as a result of the organization’s use of these facilities (3) abide by the rules
and regulations governing the use of the College facilities; and (4) any changes to this request after the approval has been
granted will result in additional fees being assessed.

Signature (Outside event host) __________________________ Date __________________________

Signature, Dept. Head (College sponsored events only) __________________________ Date __________________________

NOTE: Final reservation for space and facilities is not confirmed until the requesting party receives a copy of
this form signed by the authorized personnel.

SUNY Ulster reserves the right to cancel or postpone your event depending on Pandemic influenza
issues in response to our Social Distancing Policy. The full policy is available upon request.

Office Use Only:

Authorized Signature: Vice President for Administrative Services Date: