

DEPARTMENT/OUTSIDE ORGANIZATION Facilities Use for Scheduled Event (FUSE)

State University of New York at New Paltz

If your event is cancelled, please
contact all service providers.
Charges may still apply.

For best results submit this form 30 days prior to event date.

TO REQUEST FACILITY SPACE IN THE FOLLOWING LOCATION, TAKE THIS FORM TO:

■ **All Theatres**, Fine and Performing Arts, College Theatre 118 ■ **Student Union**, Student Activities & Union Services, Student Union 211

■ **All Other Campus Locations**, Conference Services, Student Union 100 South

DATE FORM SUBMITTED: _____

EVENT TITLE: _____

EVENT DESCRIPTION: _____

TYPE AUDIENCE (circle all that apply): Student Faculty/Staff Community/Public/Alumni Other _____

EXPECTED NUMBER OF AUDIENCE MEMBERS: _____

FREQUENCY OF REQUEST: ___ One Time ___ Weekly ___ Multiple Days (Please attach specifics)
(Assuming all details are the same) ___ Every Other Week ___ Monthly ___ Other (Please attach specifics)

DAY(S) OF WEEK: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday
 ___ Friday ___ Saturday ___ Sunday

EVENT DATE(S): _____

EVENT START TIME: _____ ■ am ■ pm END TIME: _____ ■ am ■ pm

SETUP START TIME: _____ ■ am ■ pm CLEAN UP END TIME: _____ ■ am ■ pm

DESIRED LOCATION(s): Building: _____ Room(s): _____

(If Outdoors): Exterior Location: _____

- Do you need the lobby of the room above for the event, as well? No Yes
- Is this event part of a series of events? No Yes (this event is ___ of ___ events)
- Will technology equipment be used? No Yes
- Is there an admission charge to attend? No Yes
- Are you selling anything at the event? No Yes (A vending approval is required)
- Will food be served at this event? No Yes
- Do you want a community police officer present? No Yes (www3.newpaltz.edu/police/cop)

Be advised that your event may require additional services such as equipment, electrical, catering, parking, FOC, IMS, community policing, etc. These services need at least 15 days advance notice and will require your **confirmation number** from building reservations coordinator. *Please note that outside organizations will require a certificate of insurance.*

Organization Name: _____

Organization Type (check one): Campus Department Outside Organization Individual Other

Responsible Person: _____ Phone: _____

Address: _____ NP Email: _____

CAMPUS DEPARTMENT HEAD ACKNOWLEDGEMENT AND APPROVAL

Department Designee Name: _____

Department Designee Signature: _____ Date: _____

FACILITY/ROOM APPROVAL (building reservations coordinator only):

Building: _____ Room: _____

Approved By: _____ Date: _____

Confirmation Number: _____