

**SUNY DELHI**

**FACILITY USE SCHEDULING FORM**

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Will you be charging an admission fee? \_\_\_\_\_ Are you tax exempt? \_\_\_\_\_

Date of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Expected number of participants: \_\_\_\_\_

Will minors under the age of 17 be present at this event? Yes:  No:

Will the minors be under the custody, control and supervision of their parent or legal guardian during the event? Yes:  No:

Special needs (LCD Projector, flip charts, podium, sound system, etc.): \_\_\_\_\_

Technology services requested: \_\_\_\_\_

Rooms/Venues Requested: \_\_\_\_\_

Have you submitted online (<https://cadi.catertrax.com/>) for catering services? \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:** Approved:  Not Approved:

Area(s) Reserved: \_\_\_\_\_

Fees Due: \_\_\_\_\_

Signature of SUNY Delhi Representative: \_\_\_\_\_ Date: \_\_\_\_\_