

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: _____

Career and Business Development
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