

# 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 64

DATE FORM SUBMITTED: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

AUDIENCE (check all that apply):    Student    Faculty/Staff    Alumni    Community/Public    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: \_\_\_\_\_    END TIME: \_\_\_\_\_

SETUP START TIME: \_\_\_\_\_    END BREAK TIME: \_\_\_\_\_

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
- Will technology equipment be used?     No  Yes (AV/Tech Form required for Student Union)
- Are you selling anything at the event?     No  Yes
- Will food be served at this event?     No  Yes
- Are non-students under the age of 17 present?     No  Yes (If yes, please refer to the Child Protection Policy)

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: \_\_\_\_\_