

# STUDENT CLUB/CLASS PROJECT 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, ALL STUDENT CLUBS MUST FIRST TAKE THIS FORM TO THE OFFICE OF STUDENT ACTIVITIES AND UNION SERVICES IN STUDENT UNION 211. THE CLUB WILL SCHEDULE AN EVENT CONSULTATION WITH STUDENT ACTIVITIES TO REVIEW AND COORDINATE EVENT LOGISTICS & APPROVALS. **IF THIS A CLASS ASSOCIATED PROJECT AND NO STUDENT CLUB IS INVOLVED, PLEASE OBTAIN PROFESSOR AUTHORIZATION AND TURN INTO CONFERENCE SERVICES IN STUDENT UNION 64.**

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

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

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

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

ANTICIPATED SIZE OF AUDIENCE: \_\_\_\_\_

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 (A fundraising request form is required)  
Will food be served at this event?  No  Yes  
Are non-students under the age of 17 present?  No  Yes (If yes, additional approval required)

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

Organization Type (check one):  Student Assoc.  Fraternal  Residence  Department Club  Class Project

Primary Event Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

NP E-Mail: \_\_\_\_\_

## ACKNOWLEDGEMENT AND APPROVAL

Club President/Professor Name: \_\_\_\_\_

Club President/Professor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE OF STUDENT ACTIVITIES APPROVAL AND EVENT CONFIRMATION (FOR CLUBS ONLY)

Student Activities Staff Sig.: \_\_\_\_\_ Date: \_\_\_\_\_

Student Activities Comment(s): \_\_\_\_\_

### FACILITY/ROOM APPROVAL (building reservations coordinator only):

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

PLEASE BE ADVISED THAT APPROVAL IS AT THE DISCRETION OF ALL SERVICE PROVIDERS. LAST MINUTES REQUESTS MAY NOT BE ACCOMMODATED.