

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 100.**

DATE FORM SUBMITTED: _____

EVENT TITLE: _____

EVENT DESCRIPTION: _____

AUDIENCE (circle 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: _____ ■ am ■ pm END TIME: _____ ■ am ■ pm

SETUP START TIME: _____ ■ am ■ pm END BREAK 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 (AV/Tech Form required for Student Union)
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

Organization name: _____

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

Responsible Person: _____ 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.