

Contact: Natasha Tagliaferro  
(845) 687-5109  
tagliafn@sunyulster.edu

**Campus Facilities Use Application  
Faculty, Staff, Students**



Office use only  
Banner ID #:

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PO Box 557  
Stone Ridge, NY 12484  
845: 687-5000  
Fax 845: 687-5083  
sunyulster.edu

Please complete and return to Natasha Tagliaferro (Tagliafn@sunyulster.edu) **at least 21 days before** the scheduled event. Final approval will come in the form of an email from the office of the Vice President for Administrative Services. Please do not advertise your event until approval is official.

Today's date: Department:  
Contact person: Contact phone:  
Contact e-mail: Fax:

Name of event:  
Description of event:

**Schedule of Events**

Please specify actual arrival times, set-up and breakdown/clean-up times, event start and finish times, and whether a.m. or p.m.

| Date | Day | Set-Up Time | Event Hours | Breakdown Time |
|------|-----|-------------|-------------|----------------|
|      |     | to          | to          | to             |
|      |     | to          | to          | to             |
|      |     | to          | to          | to             |
|      |     | to          | to          | to             |

Event open to: Public Students Faculty Staff Members only  
Is this a fundraiser? Yes No

**SUNY Ulster is a Smoke- and Alcohol-Free Campus**

SUNY Ulster reserves the right to cancel or postpone your event depending on pandemic influenza issues in accordance with our social distancing policy. The full policy is available upon request.

**Facilities Requested**

|   |   |  |
|---|---|--|
| <p><b>Cafeteria</b><br/>[Max. capacity 495]<br/><b>Faculty/Staff Dining Room</b> [Max. capacity 65]</p> | <p><b>Quimby Theatre*</b><br/>[Max. capacity 470]<br/><br/>*Technician required (provided with fee)</p>   | <p><b>College Lounge</b><br/>Chairs only [Max. capacity 185]<br/>Tables and chairs [Max. capacity 158]</p>   |
| <p><b>Classrooms</b> (room numbers):</p>  | <p><b>Senate Gym</b><br/>Chairs only (no bleachers) [Max. capacity 1955]<br/>Tables and chairs (no bleachers) [Max. capacity 1425]<br/>Athletic event with bleachers [950 seating capacity + 11 handicapped ]</p> | <p><b>Senate Gym Stage</b><br/>Chairs only [Max. capacity 325]<br/>Tables and chairs [Max. capacity 192]</p> |
| <p><b>Howard St. John Seminar Room</b><br/>Table and chairs [Max. capacity 57]</p>                      |   | <p><b>Fields</b><br/>Baseball Field<br/>Softball Field<br/>Soccer Field<br/>Tennis Courts</p>                |

Number of attendees expected: \_\_\_\_\_ (Do not exceed maximum capacity listed above.)

|  |
|--|
| <p><b>Specific Equipment and/or Set-Up Requirements (please attach diagram):</b></p><br><br><br> |
|--|

**Services and Equipment Requested**

|  |   |
|--|---|
| <p><b>Audio, visual, and communications equipment</b></p> <p>Sound (PA)    Lighting<br/>Computer    DVD    VCR    TV<br/>LCD ( personal laptop)    LCD (computer provided by UCCC)<br/>Group Internet access*</p> <p>Piano (approval required from music coordinator): _____</p> <p>*Internet access for an individual computer is available via WiFi connection on the day of your event.</p> | <p><b>Seating</b></p> <p>Number of tables requested _____<br/>Number of chairs requested _____</p>  |
|  | <p><b>Services</b></p> <p>Table/chair set-up and breakdown    Housekeeping<br/>Grounds maintenance<br/>Public safety    On-site supervisor<br/>Stage manager (Quimby)<br/>Front-of-house manager (Quimby)<br/>Registered Nurse (subject to availability and fee)<br/>Date and times needed:            to _____</p> <p>Other: _____</p> |

**Dining services are provided through our in-house caterer and can be arranged by contacting Jason Liebergot at Jason\_Liebergot@sunyulster.edu or (845) 687-5072.**

**COMPLETE AND SIGN:** I, \_\_\_\_\_, agree to (1) accept responsibility for payment of fees indicated on the fee schedule and for any other charges resulting from the organization’s use of college facilities, (2) promptly pay for any loss or damage to College property arising out of or as a result of the organization’s use of these facilities, (3) abide by the rules and regulations governing the use of the College facilities, and (4) understand that any changes to this request after the approval has been granted will result in additional fees being assessed.

Final reservation for space and facilities is not confirmed until applicant receives a copy of this form signed by authorized personnel.

Signature, Department Head

Date

|  |                          |
|--|--------------------------|
| <p><i>Office Use Only</i></p>  |                          |
| <p>_____</p> <p>Authorized Signature: Vice President for Administrative Services</p> | <p>_____</p> <p>Date</p> |