

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

**Campus Facilities Use Application
External**



Office use only
Banner ID #:

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

Application fee: \$25

Please complete the Facilities Use Fee Worksheet at the end of this form and submit along with your application. See Facilities Use Fee Schedule for room, services, and equipment fees.

Please complete and return this application to Natasha Tagliafierro (tagliafn@sunyulster.edu) **at least 21 days before** the scheduled event. A certificate of insurance must be attached to your application. 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: _____ Name of organization: _____
Contact person: _____ Contact phone: _____
Contact email: _____ Fax: _____
Organization address: _____
Nonprofit organization? Yes No If yes, tax exempt number: _____
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 Members only
Will there be an admission charge? Yes No If yes, how much?

SUNY Ulster is a Smoke- and Alcohol-Free Campus

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

Cafeteria [Max. capacity 495] Faculty/Staff Dining Room [Max. capacity 65]	Quimby Theatre* [Max. capacity 470] *Technician required (provided with fee)	College Lounge Chairs only [Max. capacity 185] Tables and chairs [Max. capacity 150]
Classrooms (room numbers):	Senate Gym Chairs only (no bleachers) [Max. capacity 1955] Tables and chairs (no bleachers) [Max. capacity 1425] Athletic event with bleachers [950 seating capacity + 11 handicapped]	Senate Gym Stage Chairs only [Max. capacity 150] Tables and chairs [Max. capacity 90]
Howard St. John Seminar Room Table and chairs [Max. capacity 57]		Fields Baseball Field Softball Field Soccer Field Tennis Courts

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

Specific Equipment and/or Set-Up Requirements (please attach diagram): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Services and Equipment Requested

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

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

Facilities Use Fee Worksheet

(See Facilities Use Fee Schedule for room, services, and equipment costs)

Rental	Fee	Total
Administrative Fee	\$25	\$25
Facilities Rental		
Technician (sound/lighting)		
Other services		
Equipment		
Total		