

## RECITAL/REHEARSAL HALL - CONFIRMATION FORM

Event	Space:	ital Hall (MU-306)	Rehearsal Ha	
Event Name: Number of Atter				f Attendees:
Event Date(s):				
Event Start Time: Event End Time: Set-Up Time:				·Up Time:
Depar	tment/Sponsored Group:			
Conta	ct Person:		Contact Te	lephone #:
prior to	/Visual Media Needs: NO on the event at media.services@Lectal Event Requirements (ex. Ext	<u>chman.cuny.edu</u> or at 718-90	60-7898. ands etc.) please type her	e:
terms:	The party authorized to use a spevent/attendees; Users of the subject space are regulations and rules; The proposed furniture configurations	pace will be responsible for esponsible for compliance v	any damage found to have	been related to its te, Local and College laws,
5. 6. 7. 8.				
11	Once permission is granted, the Any event cancellation must be than twenty-four (24) hours prior	conveyed, in writing, to the or to the agreed set-up time	e Office of Event Planning for the event.	& Reservations no later
may i Lehm	undersigned, have read and ag result in financial liability an an College spaces.	d/or denial of any pend	ling and/or future reque	est(s) for approval to use
Na	ame of Event Requester	Signature: Div. Head/D	Dean/Vice President/Supervisor	Date