STUDENT ORGANIZATION EVENT / ROOM RESERVATION FORM

This information must be submitted to the Office of Campus Life no later than 2 weeks prior to the intended date of the event. All reservations pertaining to the event will be conducted by the Office of Campus life only. The representative from the student club/organization submitting the Event Preparation form must read, discuss and sign it along with the organization faculty advisor and the Director of Campus Life.

Today’s Date: _____________  Date of Event: _____________  Time of Event: ________(am/pm) to ________(am/pm)

Event Title: ______________________________________________________________________________

Sponsoring Organization: __________________________________________________________________

Contact Person / Club Representative: _________________________________________________________

Telephone Number: ____________________________  Email Address: ________________________________

TYPE OF EVENT (Check all that apply)
Meeting ___  Bake Sale ___  Party ___  Off Campus Event___  Conference ___  Stage Production___  Lecture ___
Receiption ___  Workshop ___  Dance ___  Breakfast /Luncheon/Dinner ___  Concert ___  Panel Discussion___
Other __________________________

EVENT DESCRIPTION
__________________________________________________________________________________________________
__________________________________________________________________________________________________

AREA REQUESTED (STUDENT LIFE BUILDING) (FILL OUT SET UP FOR EVENT WORK ORDER FORM ON BACK)

___ STUDENT LIFE BUILDING (CIRCLE ONE)  SLB 111 / SLB 112 / SLB 102 / SLB 113: (113-A / 113-B / BOTH)
___ KITCHEN (SLB 109)
___ STUDENT CAFETERIA (Music Building)
___ LECTURE HALL ___ Faculty Dining Rm.
___ CONCERT HALL
___ GYM
___ FRONT OF BOOKSTORE
___ LOVINGER THEATRE (LOVINGER THEATRE RESERVATION FORM REQUIRED)
___ DANCE STUDIO
___ CLASS ROOM
___ PLAZA
___ ATHLETIC FIELD
___ EAST DINING ROOM ___ FACULTY DINING ROOM
___ CARMAN LOBBY AREA (North / South)
___ Other____________________________

FOR OFF CAMPUS EVENTS ONLY : Location of Event (Full Address __________________________________________
__________________________________________________________________________________________________

SET-UP  (Use SET-UP FOR EVENT WORK ORDER form to draw a diagram of requested set-up)
___ Laptop __ Television __ Radio __ Podium __ Projector and Screen  __ VCR  __ Sound System __ Stage
MICROPHONES:  ___ Quantity  ___ Wired  ___ Wireless  ___ Microphone stands
Other____________________________

EXPECTED AUDIENCE
Number ___ Lehman College Community Only ___
CUNY I.D. ___ (CHECK IF YES) (OFFICE OF CAMPUS LIFE APPROVAL REQUIRED)
Other (Describe Fully____________________________

TICKETS- Will tickets be sold in advance for this event?
Yes ______ If Yes, How much? ______ No ______ ADMISSION CHARGE $ ___________  Free? __________

FOOD SERVICE
Will any food or beverage be served or sold at this event?
Yes ___ No ___ On Campus ___ Off Campus ___  If yes, describe ______________________________

SET-UP FOR EVENT
WORK ORDER

NAME OF EVENT: ____________________________________________

SPONSORING ORGANIZATION: ______________________________________

DATE OF EVENT: ____________________________________________

TIME OF EVENT: ____________________________________________

LOCATION: __________________________________________________

ADDITIONAL INFORMATION: ______________________________________

______________________________________________________________

USE BOX BELOW TO OUTLINE THE SET-UP FOR YOUR EVENT.
**SPECIAL EVENT RESERVATION REQUEST**

Name of Event: ________________________________

Sponsoring Group/Department: __________________ Size of Group: _______

Person Responsible for Event: __________________ Extension: _______

Requested Space(s): ____________________________________________

If space cleared with Registrar, Campus Reservations of other departments, please indicate with whom arrangements were made: Name________________________ Dept.________________________

Handicap Arrangements/Special Needs, please specify: __________________________

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<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>HOURS</th>
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**TYPE OF ARRANGEMENT**

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________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

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________________________________________________________________

**TO BE SUPPLIED BY**

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

**PLEASE NOTE:**

_NO SIGNS, directional or otherwise, may be posted on campus gates, walls, doors, grounds, fences, light poles, etc. ANY POSTED SIGNS WILL BE REMOVED immediately and your department will be held responsible for payment of any costs associated with repair and/or replacement of any damage._

Date of Request: __________________ Signature: __________________

_Dept. Chair or Scheduling Officer_
MARKETING PLAN:

Indicate the resources you will be employing to market your event (check all that apply).

- [ ] **Flyers** (which must be stamped by the Office of Campus Life and should visibly showcase the Co-Curricular Committee logo if you are using funds allocated by the Committee)
- [ ] **Target Vision** (Powerpoint Advertisement)
- [ ] **Classroom Visits/Campus Walks**
- [ ] **Social Networking Websites:** (i.e. Facebook, Myspace, Twitter, Lehman CampusLink)
- [ ] **The Meridian**
- [ ] **WHLC**
- [ ] **CASA Representatives: Co-curricular Committee Members, Communications Officer, Entertainment Programmer**
- [ ] **Tabling Event**
- [ ] **Other:** __________________________________________________________________________________

EVENT CHECK-LIST:

(Feel free to modify according to the needs of your club/organization’s event)

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<thead>
<tr>
<th>Task</th>
<th>Date Completed/Will be Completed</th>
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<tr>
<td>Paperwork Submitted</td>
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<td>Marketing Plan</td>
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<td>Members/Assign tasks</td>
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<td>Building &amp; Grounds Estimate</td>
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<td>Club Meetings about Events</td>
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<td>Contracts</td>
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<td>Identifying needs of Performers</td>
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I have carefully reviewed my proposal and certify that the information provided is complete and accurate.

__________________________       ______________________________
Club/Organization Representative   Advisor

_______________________________
Director of Campus Life