



LEHMAN COLLEGE

OFFICE OF CAMPUS LIFE

Kitchen Reservation Request

Name of Organization / Club: _____

Contact Person / Club Representative: _____

Position held in the Organization / Club: _____

Telephone Number: _____ Email address: _____

Desired Date: (circle one) M T W TH F - _____

Desired Start Time: _____ Desired End Time: _____

Items to be used: (circle all that apply) Stove/Oven Refrigerator Microwave
Ice machine Blender

Reason for Request: _____

1. All organizations must fill out and submit a kitchen reservation form two (2) weeks prior to the date of the event.
2. Cleaning is solely the responsibility of the organization.
3. One member of the organization must be designated to supervise the kitchen, and will be required to leave his/her ID IN THE Office of Campus Life.
4. The kitchen will be inspected at the end of the event to confirm the condition in which it was left.
5. If it is found that the kitchen was left dirty, the organization responsible may lose access to the kitchen for the remainder of the semester. It is expected that the stove, refrigerator, cabinets, countertops and sink will be left clean. The oven and lights must be turned off and the door and window gate locked at the end of all events. No food should be left in the kitchen after the event.

I have reviewed the above guidelines and agree to the conditions stated above.

Signature _____

Date _____

You will receive confirmation as soon as possible.

Office of Campus Life

Student Life Building rm 222

718-960-8535