



**LEHMAN
COLLEGE**

OFFICE OF CAMPUS LIFE

BAKE / FOOD SALE REQUEST

(ATTACHED “SPECIAL EVENT RESERVATION REQUEST” FORM MUST BE COMPLETED)

Today’s Date _____

Name of Organization: _____

Person Making Request: _____

Position held in organization: _____

Contact Number: _____ **Email Address:** _____

Desired Location: <i>Front of (circle one):</i> Bookstore	Student Life Building	Carman N &/or S
Davis Hall	Music Building	Gillet Hall

Desired Date: *(month / day / year):* _____

Desired Time: From _____ (am/pm) to _____ (am/pm)

SET-UP / SPECIAL ARRANGEMENTS

Quantity: __ Tables __ Chairs

Other _____

You will receive confirmation as soon as possible

Office of Campus Life
Student Life Building rm 222
718-960-8535