1. FACILITY REQUESTED: ______________________ DATE OF EVENT: ______________________

2. REQUESTER NAME/TITLE AND PHONE NUMBER ______________________

3. DEPARTMENT / ORGANIZATION: ______________________

4. PURPOSE OF THE EVENT: ______________________

5. TIME OF EVENT (START AND END) _________________ ACTUAL RESERVED TIME _________________

6. WILL FOOD BE SERVED: Y / N ___________ Caterer’s Name and Phone #: ______________________

7. WILL ALCOHOLIC BEVERAGES BE SERVED? Y / N ________ 8. Expected # of People: ________________

REQUIREMENTS

PHYSICAL PLANT SERVICES: 718-289-5234 or 5245, Fax Number 718-289-6028/6033.

A. How many tables (round or rectangular?) and chairs do you require? ______________________

B. Special Services Requested: (e.g. floor polishing, extra garbage cans, black boards, and easels, coat racks, podiums, etc.):

________________________________________________________________________________________
________________________________________________________________________________________

C. How will the location be set up? Please use one of the attached blank floor plan samples to assist you in devising your floor plan. You MUST include the placement of all items including guest tables, food serving tables, easels, podiums, audiovisual equipment, etc.)

D. No. Of Custodians to work _______ x $/hour per person x hours worked ______ = ______ (total)

NOTE: THIS IS FOR WORK PERFORMED OUTSIDE OF REGULARLY SCHEDULED WORK HOURS.

AUDIO-VISUAL SERVICES: (718) 289-5610 OR 718-289-5448, FAX # 718-289-6393

E. Requirements: Microphone(s) (standing or hand held): __________

F. CD/Cassette Player: __________ G. Type of Music: __________ TV/VCR: __________

G. Other: ____________________________________________________________________________

H. No. Of AV Personnel _______ x $/hour per person x hours worked ________ = ______ (total)

NOTE: THIS IS FOR WORK PERFORMED OUTSIDE OF REGULARLY SCHEDULED WORK HOURS.

I. SECURITY: (718) 289-5923 (General Number) FAX # 718-289-6359

No. Of Level I Guards: _______ x $/hour per man _______ x hours worked ______ = ______ (total)

No. Of Sergeants: ___________ x $/hour per man _______ x hours worked ______ = ______ (total)

Requirements: (for example, chair lift for handicapped access assistance, parking for dignitaries – you must provide a list of guest names, vehicle make, model and license plate number, etc.)

________________________________________________________________________________________
________________________________________________________________________________________

J. LIABILITY INSURANCE CERTIFICATE REQUIRED: Y / N _________ RENTAL FEE: $ ___________

K. GRAND TOTAL OF SERVICES/FEES: $ ____________

If permission is granted, we hereby agree to observe the regulations of the College and CUNY; to make good any damage arising from our occupancy of any portion of the building or the college property; to discharge CUNY, BCC and BCC Association, Inc. or any of its officers or employees from liability for accidents or damages to users of the facility or any of their property during the rental period.

I am in agreement with the financial terms as set forth above. A check for the full amount payable to Bronx Community College must reach the Office The Vice President for Administration and Finance ten days prior to the event.

Signature of Organization Representative Date Signature of Vice President or Designee Date

PAYMENT MUST BE RECEIVED TEN DAYS IN ADVANCE FOR ALL SERVICES AND FEES