



EVENT REQUEST FORM (Form B)

Form B:

To be completed by Departments/
Administrators/ External Clients.

Brooklyn College
Division of Student Affairs

Please submit completed form to the Administrative Office, 1st floor, Brooklyn College Student Center.

A written confirmation will be sent to the host organization after the activity has been reviewed and approved by all parties. This confirmation will include any special requirements or fees set by the Division of Student Affairs, the Public Safety Office, and other associated College offices.

Section A

Reservation request must be made 4 weeks prior to the event date, unless event is designated a meeting or small BC event.
(Subject to scheduling and availability)

Host Details

Date Submitted _____ Name of Host Dept./Admin./Other _____
Name _____ Position _____
Email _____ Phone _____
2nd Contact Name _____ 2nd contact email _____

Section B

Meeting or Event Space Details

Event/Meeting Title: _____
Preferred Date: _____ Alternate Date _____ Time: Start: _____ am/pm End: _____ am/pm
Refreshments? Yes No If yes (Complete section D) Setup Time: _____ am/pm Breakdown Time: _____ am/pm

Purpose of activity (choose one): Social Cultural Educational Professional Development Recruitment

Goal:

Proposed Location: _____

Preferred Setup:

Note: Additional information will be requested as needed. Before event is finalized, you will need to supply ALL related supporting documents.

Section C

Events/Activities (Check all that apply)

Conference Training Meeting Social Workshop
 Performer/Speaker (provide names): _____
 Film (provide title): _____
 Other _____

Target Audience (Check all that apply)

Projected

NOTE: A guest list must be submitted for non BC guests

Organizational Members _____
 Brooklyn College Students _____
 Brooklyn College Faculty/Staff _____
 General Community _____
 Other _____
Total _____

Advertisement: How do you plan to promote the event?

Facebook Other Social Media _____
 Letter/Invitation Email
 BC Calendar (Event Submission Form required) Distribute Flyers
 Other venues: _____

Section D	BUDGET DETAILS
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Speaker/Performers Name(s) _____

Food Vendor/Caterer _____

Please let us know what type of funding you intend to utilize:

- Check payment
- Cash
- Credit Card
- Research Foundation
- OTPS transfer

AUTHORIZATION

Section E	NO EVENTS/ACTIVITIES APPROVED UNTIL AN AUTHORIZED SIGNATURE IS PROVIDED
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CERTIFICATION: I certify that no contracts have been entered into with third parties without the written approval of the Office of the Vice President for the Division of Student Affairs at Brooklyn College or designee. All information in this application is true. I certify that I have received a copy of applicable college policies and regulations and will follow all policies and procedures as outlined. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE BOARD OF TRUSTEES OF THE CITY UNIVERSITY OF NEW YORK AS WELL AS BROOKLYN COLLEGE, BROOKLYN COLLEGE STUDENT CENTER, D.A.S.N.Y. AND ANY OF THEIR OFFICERS OR EMPLOYEES FROM LIABILITY FOR ACCIDENT OR DAMAGE. I assume responsibility for any damage to college facilities. No outside vendors will be permitted at any event without the written approval of the Vice President. If any event is cancelled, deposits may NOT be returned to the organization. This reservation does not guarantee approval. I certify that I am authorized to enter in this agreement on behalf of the organization and to commit such funds as itemized by the College associated with the use of the previously named facility. I understand that if the event exceeds the hours contracted for, additional charges may be added. If you agree with the certification above, please complete the information as requested below.

I (we) certify that I will comply with all College rules and procedures; I understand that failure to do so may result in the cancellation of the event or meeting herein referred to.

PLEASE PRINT or TYPE

Name _____ Signature _____

2nd Contact Name _____ Signature _____

Section F	For administrative use only – College Event Screening Committee will review large/major/special events
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Event Type: Large Major Special

Certificate of Insurance Required Yes No Due: _____

Performance Agreement Required Yes No Due: _____

Copy to Public Safety for Review Yes No Sent: _____

SET Meeting Required Yes No Due: _____

Eventbrite required Yes No Due: _____

Guest List Required Yes No Due: _____

Draft of Ads Due: _____

Date Reviewed: _____ Print Name: _____

Signature: _____

Notes/Comments