

Shuster Hall, Room 330 250 Bedford Park Blvd West Bronx, NY 10468 Phone: 718-960-7307 www.lehman.edu



Office of Event	Planning &	Reservations
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The Department of	would like to sponsor an event by an
organization not affiliated with Lehman Colle	ege or The City University of New York. The
organization is a recognized student organization	ation, an academic or professional organization, a
recognized organization open to all college s	taff, an academic or professional organization, or a
non-profit organization of an educational, sc	ientific, cultural, social, civic, religious or similar
nature	

We are requesting a waiver of all external rental fees required of a non-Lehman organization. The Department will be the primary event organizer, and will facilitate any and all event related matters between the Office of Event Planning & Reservations and the non-Lehman organization.

NON- LEHMAN ORGANIZATION EVENT INFORMATION

External Organization Name: Address:	
Event Name:	
Event Type:	
Date:	
Targeted Audience:	
Space Requested:	

<u>Documentation Needed:</u>

- 1. Submit a written statement stating the following:
 - a) The nature of the relationship between the external organization and the Department.
 - b) The benefits of this event to the Department and/or the College.

The statement needs to be approved and signed by the department chair or supervisor, and by the dean or vice president. Please submit the statement to the Office of Event Planning & Reservations no later than four (4) weeks prior to the event date. Upon submission, we will review for approval of the wavier and scheduling.

2. If approved, the CUNY Facilities Agreement document will be provided to the Department and the non-Lehman organization. The non-Lehman organization must meet all conditions stated in the contract, page seven (7) must be signed, and the completed contract must be returned to the Office of Event Planning & Reservations no later than two (2) weeks prior to the event date.





Please Note:

All non-CUNY organizations must provide an insurance certificate no later than five (5) business days prior to the event date.

NO RESERVATION WILL BE BOOKED UNTIL THIS PROCESS IS COMPLETED.

	I UNDERSTAND THAT THE DEPARTMENT OF _ ASSUMES FULL RESPONSIBILITY FOR THE EVENT AND/OR
PROGRAM.	
Sponsoring Department:	
Primary Contact:	Ext
Signature:	Date:
	ure (Department Chair/Dean/Supervisor)
Approved By:	ure (Vice President of Administration and Finance)

