

Orange County Community College Central Scheduling Office

Central Scheduling Office 115 South Street Middletown, New York 10940 Phone: (845) 341-4720 Fax: (84

Phone: (845) 341-4720 Fax: (845) 341-4721

Central S	Scheduling	Request	Form
APPLICA ^T	TION FOR U	SE OF FAC	CILITY

Event Date: _____

TO: CENTRAL SCHEDULING OFFICE	TODAY'S DATE:		
REQUESTOR:	PHONE/EXT:		
EVENT DATE: DAY:SunMonTue _	WedThuFriSat		
BUILDING: ROOM:			
Reserve Time: to Event Hours:	: to		
Event Name: Est. Attendance:			
Sponsoring Group:	Supervisor:		
SPECIAL NEEDS AND/OR SUPPORT SERVICES REQUIRED			
Check all special equipment required: TV & DVD/VCR playerSlide ProjectorLCD ProjectorInternet Connection Tables & Chairs (Note** Attach a floor plan when requesting tables and chairs to be set up.) Other: (please specify) NOTE/COMMENT: Check all special services required: MaintenanceSecurityScoreboard OperatorLighting Technician Stage Manager ITS technical support Other: (please specify) NOTE/COMMENT:			
Will you be using food services?(Y/N), If "yes" contact food service manager Bob Glohs, at ext. 4862 AFTER receiving facility confirmation from the Central Scheduling Office. Will alcohol be served?(Y/N), it "yes", an approved permit must be obtained from the President's Office, and a copy forwarded to Central Scheduling Office.			
All advertisements, promotions, and/or publications regarding any event requires approval by Vincent Cazzetta, Vice President of Institutional Advancements, (845) 341- 4726. Note: Maintanance fees may be applied if clean up is required and not paid for in advance.			
Central Scheduling Office USE ONLY Event posted on Room Scheduler on, by			