

## **Orange County Community College**

Central Scheduling Office 115 South Street Middletown, New York 10940

Phone: (845) 341-4720 Fax: (845) 341-0683

Central Scheduling Request Form APPLICATION FOR USE OF FACILITY

**Event Date:** 

TO: CENTRAL SCHEDULING OFFICE  REQUESTOR:				TODAY'S DATE:			
				PHONE/EXT:			
	DAY:Sun	Mon		Wed	Thu	Fri	Sat
BUILDING:			ROOM: _				
Reserve Time:	to	_ Event	Hours:		to _		
Event Name:				Est. A	Attendance:	·	
Sponsoring Group:_		S	Supervisor:				
Maintenance  Describe Specific Service	Security Special S  (Note** Attach a floor e Needs, Notes or Comments Belo	or plan w	Table Plan <b>/hen reque</b>	sting table	es and chai	rs to be s	et up.)
Any requests ma  #A DC F H5 BH  The HYVV bc`c[  Browse to htt  note** you	oment and/or Support required the with less notice a UnibchVY H. MOccombate A UnibchVY A MOCCOMBATE A MOCCOM	oÁ^~ ã^ st Form u and us efore eve	【pending e • ÁæÁ^] æa can be fo e the "Sch nt ﴿ Æ ^^ǽ,	equipment ec^Á/^&@;  und on ou edule Eve ã@{i`¦Ár\&	/personne [ [*^Á/[;\ ur IT Servio ent Reques @ & A (; Á@	l availabil ÁJ¦å^¦È ce <i>Portal</i> :t" button ∯åÁ,~	lity.
Will you be using f	ood services (Y/N)	ı					
Will alcohol be ser President's Office,	ved? (Y/N), if "yes and a copy forwarded to Ce	s", an ap entral Sc	proved p heduling	ermit mus Office.	st be obtai	ined fron	n the
• •	sing the college's name or logo this event, please contact Vinni	•		•		•	n **

Note: Maintenance fees may be applied if clean-up is required and not paid for in advance.

Advancement at 845-341-4726, for approval.