

PROGRAM REQUEST FORM

Organization _____

On-campus Advisor _____ Phone _____

Program Coordinator

Title _____ Phone _____

Second Contact Person

Title _____ Phone _____

Program Description

____ lecture ____ dance party ____ movie

____ performance ____ panel discussion ____ other

Theme

Entertainment _____ yes _____ no

(If yes, please check type of entertainment you are considering)

____ band ____ speaker ____ DJ ____ other

NOTE: No organization or individual has the authority to contract with anyone to appear at the University without prior approval of the Office of Student Affairs.

Food _____ yes _____ no

(If yes, please check type of food service you are considering)

____ sit down ____ appetizers ____ buffet ____ other

Are you requesting an admission charge? _____ yes _____ no

Are you requesting alcohol? _____ yes _____ no

Date Requested _____

Alternate Date Requested _____

Location Requested _____

Start Time _____ End Time _____

Number of People Expected _____

A meeting must be scheduled with the Office of Student Affairs/Campus Life staff one month prior to the approved event date or the event is subject to cancellation. All events must adhere to the rules and regulations listed in the Office of Student Affairs Handbook.

Molloy College expects that its students and their guests will behave as mature and responsible individuals in all matters of conduct. Sponsoring organizations which seek to use any Molloy College facility agree to abide by these standards and accept full financial responsibility and liability for damages to or theft of College property attributable to its actions or the actions of their guest, and employee or agents.

Failure to follow these regulations including fulfilling financial obligations will result in the suspension of use or denial of privileges of College, provided such action does not supersede the judiciary process.

By signing this request form, you as a representative of your organization agree to abide by these requirements for facilities usage.

Signature (Club Rep.)

Date

Signature (Advisor)

Date

_____ I will be attending this program as an official chaperone.

FOR OFFICE USE ONLY

Date Received _____

Date Approved _____ Room Approved _____

Approved by _____ Date _____

Date Request Submitted to VP Finance Office

Date Approved _____ Room Approved _____