



# STUDENT CLUB FACILITIES REQUEST FORM

Complete the form to its entirety by submitting all required information. Once completed please come to the Office of Student Development and Leadership in the Student Union 327 for a stamp and signature. Once signed please either scan or submit to Ms. Andrea Turnbull at Andrea.Turnbull@qc.cuny.edu or submit in person at Student Union 100. Please allow 7-10 business days for processing and approval from the Reservations Office.

The Office of Student  
Development & Leadership

**DATE SUBMITTED:**

**NAME OF CLUB/ORGANIZATION:**

**DATE(S) and TIME(S)  
REQUESTED:**

**REQUESTED FACILITY  
(PLEASE LIST UP TO  
3 CHOICES)**

**PROGRAM TITLE:**

**ESTIMATED  
ATTENDANCE:**

**PLEASE PROVIDE A DETAILED DESCRIPTION OF THE EVENT (INCLUDE GUEST SPEAKERS/FILMS/ETC.)**

**WILL THERE BE AN ADMISSION FEE ASSOCIATED WITH YOUR EVENT? (YES/NO)**

**IF YOUR EVENT REQUIRES AV EQUIPMENT COMPLETE A MEDIA REQUEST FORM**  
PLEASE NOTE: ORGANIZATIONS ARE RESPONSIBLE FOR THE REPLACEMENT OF STOLEN/DAMAGED EQUIPMENT.

**NAME OF EVENT POINT OF CONTACT:**

**STUDENT QMAIL ADDRESS (FIRST NAME.LAST NAME  
(LAST 2 DIGITS OF CUNY ID # @QMAIL.CUNY.EDU)**

**STUDENT PHONE NUMBER:**

**CLUB OFFICER APPROVAL (MUST BE PRESIDENT, VICE PRESIDENT, TREASURER, OR SECRETARY)**

**CLUB OFFICER FULL NAME:**

**CLUB OFFICER SIGNATURE:**

**FOR OFFICE USE ONLY**

**STUDENT LIFE SIGNATURE**

**STAMP:**

**DATE**