



**CONFERENCE SERVICES
FACILITIES REQUEST FORM
ATHLETIC EVENTS**

ConferenceServices@sunymaritime.edu

Note: Please send the completed form to the email addresses noted above.
All requests are tentative until written confirmation is received.

TODAY'S DATE: _____	CONTACT NAME: _____
OFFICE EXT: _____	CELL PHONE: _____
EMAIL: _____	DEPARTMENT: _____
BILLING NAME: _____	SUPERVISOR: _____
BILLING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
EVENT INFORMATION	
TYPE OF EVENT: _____	# OF PARTICIPANTS: _____
DAY(S)/DATE(S): _____	# OF SPECTATORS: _____
ALTERNATE DAY(S)/DATE(S): _____	
FIELD ACCESS TIME: _____	LOCKER ROOM ACCESS TIME: _____
EVENT START TIME: _____	EVENT END TIME: _____
IS EVENT BEING CO-SPONSORED: <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, BY WHOM: _____
FACILITIES REQUESTED	
<input type="checkbox"/> ATHLETIC FIELD	<input type="checkbox"/> BASEBALL FIELD
<input type="checkbox"/> GYMNASIUM	<input type="checkbox"/> LOCKER ROOMS <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> CAMPUS GROUNDS: BE SPECIFIC _____	<input type="checkbox"/> MULTI-PURPOSE COURT
CLASSROOM(S) # _____	<input type="checkbox"/> POOL
<input type="checkbox"/> OTHER: _____	
ADDITIONAL REQUESTS	
<input type="checkbox"/> PRESS BOX – SCORE BOARD	<input type="checkbox"/> FOOTBALL CHAINS & LINE MARKERS
<input type="checkbox"/> GAME FIELD LIGHTS	<input type="checkbox"/> SOCCER GOAL NETS <input type="checkbox"/> CONES
<input type="checkbox"/> OTHER: _____	
IF DESIRED, PROVIDE ADDITIONAL EVENT INFORMATION/REQUESTS BELOW:	
<p>All rentals require a certificate of insurance reflecting liability of two million per occurrence and two million in general aggregate. SUNY Maritime College will need to be listed as additional insured.</p> <p>NOTE: As SUNY Maritime College is a dry campus, alcohol consumption is strictly prohibited on campus. Outside concession stands are also prohibited.</p>	