



CONFERENCE SERVICES FACILITIES REQUEST FORM SUMMER RENTALS

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: _____
COMPANY NAME: _____ CELL PHONE: _____
OFFICE PHONE: _____ DEPARTMENT: _____
EMAIL: _____
BILLING NAME: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

EVENT INFORMATION

TYPE OF CAMP: _____ # OF PEOPLE: _____
DAY(S)/DATE(S): _____ DAY CAMP OVERNIGHT CAMP
ALTERNATE DAY(S)/DATE(S): _____
**Check in is 12pm*
CHECK-IN DATE: _____ ARRIVAL TIME: _____
**Check out is 10am*
CHECK-OUT DATE: _____ DEPARTURE TIME: _____

FACILITIES REQUESTED

ASTROPLAY FIELD GRASS FIELD MULTI-PURPOSE COURT
 BASEBALL FIELD RACQUETBALL COURTS
 POOL (Additional Charge Per Hour) Preferred Pool Time: _____
 S&E LECTURE HALL SPECIAL EVENTS ROOM [SER]
 CLASSROOM(S): # _____
 DORMITORY / # OF BEDS: _____
 OTHER: _____

FOOD SERVICES

CAMPUSFOOD SERVICES REQUIRED? YES NO
 OTHER: _____

PARKING

EXPECTED VEHICLES: CAR(S) #: _____ VAN(S) #: _____ BUS(ES) #: _____
 OTHER: _____