



Internal Event Reservation Form

Complete form and fax to 7135

Event: _____

Purpose of Event: _____

Sponsoring Group/Department: _____

Person Responsible for Event: _____

Telephone Number / Extension: _____ Size of Group: _____

E-Mail Address: _____

Targeted Audience: Lehman College Participants

Outside Participants *(please explain)*

Requested Space(s): _____

Preferred Date(s): _____

Alternative Date(s): _____

Time of Event: From: _____ To: _____

Type of Arrangement(s)

To Be Supplied by:

Date of Request: _____ Approved By *(Div/Dept Head)*: _____

Do Not Write Below This Line

Request Has Been: Approved Denied Date: _____

Notification: B&G Public Safety Initials: _____

