



Conference Services

Athletic Facilities Reservation Form – External Organizations

PLEASE PRINT AND COMPLETE ENTIRE FORM

Today's Date _____

Queens Campus
 8000 Utopia Parkway
 Queens, NY 11439
 Tel (718) 990-2563 or 7664
 Fax (718) 990-6193
 E-mail csevents@stjohns.edu

Organization Name _____ **Organization Web site** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Contact Name _____ **Tel** _____ **Cell** _____

E-mail _____ **Fax** _____

Emergency Name _____ **Emergency Tel Cell** _____

Event Title _____ **Event Type** _____

How did you hear about St. John's University's Office of Conferences Services? Past Client Web site

Referral Unique Venues Other (Specify) _____

I understand a rental fee and Certification of Liability Insurance are required to rent University facilities. (Please Initial Compliance _____)

Are any guests under the age of 18? _____

Day/Date	Facility/Room Preference	Number of Attendees	Event Start Time	Event End Time	Approval (Athletics use only)

Is your organization For profit Not for profit Amateur Educational Tax Exempt

College High School (check all that apply)

Does your organization intend to charge admission or collect monies in conjunction with this event? Yes No

Does your event require catering? Yes No (Campus dining services only)

Are there any high profile attendees/officials attending? Yes No Will the media be invited? Yes No

Will the event be advertised? Yes No

If "Yes," you must submit advertisement for approval by the University.

FOR OFFICE USE ONLY:

Athletics Cost: _____

Public Safety Cost: _____

Facilities Services Cost: _____