

Event Application

	DATE
EVENT NAME	
REQUESTED EVENT DATE(S)	EST. START TIME
EST. ATTENDANCE	EST. END TIME
REQUESTED ROOM(S)	
GROUP NAME	
REQUESTED BY	

Event Type

- | | | | | |
|-------------------------------------|-----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Ceremony | <input type="checkbox"/> Class | <input type="checkbox"/> Conference | <input type="checkbox"/> Dance Party |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Fair | <input type="checkbox"/> Film/TV Production | <input type="checkbox"/> Film Screening | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Meal | <input type="checkbox"/> Meeting | <input type="checkbox"/> Performance | <input type="checkbox"/> Public Forum | <input type="checkbox"/> Photo Shoot |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Training | | | |

Event Description: Please describe the theme, subjects, and goals of your event.

Are you charging admission for your event?

- Yes
 No

Will you be conducting transactions on campus (registration, merchandise sales, fundraising, etc.)?

- Yes
 No

Please select the intended audience for your event.

- | | |
|--|---|
| <input type="checkbox"/> Internal Guests | <input type="checkbox"/> Internal Guests + CUNY |
| <input type="checkbox"/> External Guests | <input type="checkbox"/> External Guests + CUNY |
| <input type="checkbox"/> Internal + External | <input type="checkbox"/> Internal + External + CUNY |

Will there be a large presence of minors (children under the age of 18) at your event?

- Yes
 No

Please describe any signage you will be using at your event. Please note: All signage must be approved by Space Reservations before printing and placement.

Are you expecting a media presence at your event?

- Yes
 No

Will there be catering at your event?

- Yes **Name of Caterer:**
 No

Will Sterno be used by your caterer?

- Yes
 No

Will there be alcohol served at your event?

- Yes
 No

If required to ramp down to only essential activities due to changes in COVID-19, what would those activities be and what steps will be taken to restrict activities as soon as possible?

Will you keep a log within the event locations to track who has been in the space?

- Yes
 No

Describe how you will ensure that COVID@jjay.cuny.edu is notified if an individual in the work environment tests positive for COVID-19?

Audio Visual Services Needed: Please indicate the quantity you are requesting for each category.

AVS does not provide zoom services. Please contact DOIT for a D10 board, should you need this service.

- Q&A/ Wireless Microphone
- Table Microphone
- Podium Microphone
- Presentation Package (projector, laptop and screen)
- Music Playback

Indicate here:

Facilities Needed: Please indicate the quantity you are requesting for each category. Once your event is confirmed we will provide you with your EMS ID number, which you will reference when you submit your work order for furniture setup.

- | | |
|---|--|
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Red Carpet |
| <input type="checkbox"/> High Top Chairs | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Rectangle Tables | <input type="checkbox"/> Step & Repeat |
| <input type="checkbox"/> Round Tables | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Bistro Tables | |

Indicate Here: