

REQUEST FOR SPECIAL EVENT COVERAGE

This form must be fully completed and returned to Paul Ventura via fax at 718-631-0067 or email <u>pav@intercityagency.com</u>. If you have any questions please call 718-279-7781.

- 1. CUNY Contracting Entity:_____
- 2. Applicant:_____
- 3. How is the applicant affiliated with the college?:_____
- 4. Address: _____
- 5. Name of person(s) who will be in charge at the site: _____
- 6. Phone(s):
- 7. Facility Requested: _____
- 8. Date(s) & Time: _____
- 9. Description of event (in detail.) Please attach brochures / flyers if available:
- 10. Admission fee (if any) and the intended purpose of the proceeds:
- 11. Anticipated attendance: _____ Target Audience: Students: _____

 Faculty: _____ Other (describe): _____
- 12. Does the outside user carry Liability and Workers Compensation Insurance?:
- 13. Will the event be advertised?:_____ If so, how?:_____ Copy of any form of advertising (radio, flyer, other) must be attached.
- 14. Will food and beverages be served?: _____

*No coverage is bound until confirmed by Intercity Agency, Inc. in writing.