



LEHMAN STAGES SPACE REQUEST FORM AND CONTRACT

Requesting Faculty/Employee Name: _____

Department/Program: _____

Name and Type of Event: _____

For the following Date/s: _____

Space requests for the use of: Lovinger Theater _____ Studio Theater _____

Dance Lab _____ Student Experimental Theater/SET _____

Equipment Needs ("X" all that apply):

Podium _____ Microphone/s # _____

Projector for laptop (state if Mac or Dell) _____

Band Shell _____ Music Stands # _____ PowerPoint Set Up

_____ Other _____

Number of guests expected at event: _____

Requests are subject to availability. It is understood that the following costs will be borne by the user: Technical Personnel, House Staff, B&G (when applicable), Public Safety (when applicable) The Lehman Stages Director determines the appropriate event staffing.

The estimated cost for your event is \$ _____

Notes: This is strictly an estimate. If an event runs over its planned duration, or if more personnel are required, additional costs will be incurred. The total cost for the use of this specialized space will be transferred from that account to the Lehman Stages account (Campus Auxiliary).

The Department using the space agrees to comply with all posted regulations concerning the use of that space, and will be responsible for any damage to the space and/or the equipment therein. During the usage period, the Technical Director is responsible for safe and reasonable space utilization, and at their discretion can revoke use privileges.

Signature of requesting Department/Program Chair: _____ Date: _____

Signature of Divisional Dean: _____ Date: _____

Approved by Lehman Stages Director _____

EMAIL COMPLETED FORM TO LEHMAN STAGES DIRECTOR DANTE.ALBERTIE@LEHMAN.CUNY.EDU, OR FAX LEHMAN STAGES- 718.960.7376 YOUR DATE WILL BE HELD ONLY AFTER THIS FORM IS COMPLETED, SIGNED, SUMMITTED, AND APPROVED.

