

# OBERIA D. DEMPSEY MULTI-SERVICE CENTER

127 West 127th Street ~ New York, New York 10027

(212) 749-0353 Fax (212) 663-3696

## REQUEST FOR SPACE Application – Multiple Dates Date \_\_\_\_\_

Organization \_\_\_\_\_

Employer Tax ID Number \_\_\_\_\_ Is Organization Non Profit:  Yes  No

Contact Person \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate / Cell \_\_\_\_\_

Fax Number \_\_\_\_\_

**Please Note: For events in the Gymnasium or the Auditorium, a \$50.00 deposit is required within 48 hours of approval.**

Type of Activity \_\_\_\_\_ Approx. # of Attendees \_\_\_\_\_

Activity Description \_\_\_\_\_

Ticket / Admission Price \$ \_\_\_\_\_ Free Admission

There will be: Dancing \_\_\_\_\_ Music \_\_\_\_\_ Food \_\_\_\_\_ Beverages \_\_\_\_\_

**Please Note: Religious, social and political activities and consumption of alcohol beverages are not permitted anywhere within the Multi-Service Center premises.**

### Scheduling Information: (Three Months Per Application)

**Recurring Days**

Month \_\_\_\_\_

Frequency (Ex. Every Tuesday) \_\_\_\_\_

Alternate (Ex. Every Friday) \_\_\_\_\_

Time Requested: \_\_\_\_\_

**Request for Multiple Dates**

Dates Requested \_\_\_\_\_

Alternate Dates \_\_\_\_\_

Time Requested: \_\_\_\_\_

Set-Up(start \_\_\_\_\_ end \_\_\_\_\_) Activity(start \_\_\_\_\_ end \_\_\_\_\_)

Break-Down(start \_\_\_\_\_ end \_\_\_\_\_)

Set-Up (start \_\_\_\_\_ end \_\_\_\_\_ ) Activity (start \_\_\_\_\_ end \_\_\_\_\_ ) Break-Down (start \_\_\_\_\_ end \_\_\_\_\_ )

### Location :

Auditorium

Gymnasium

Cafeteria

Conference Room 409

Conference Room 412

Yard

Conference Room 108

Other \_\_\_\_\_

### Special Accommodations:

Sound System

Sound Booth

\_\_\_\_\_ Chairs (How Many)

\_\_\_\_\_ Long Tables (How Many)

\_\_\_\_\_ Round Tables (How Many)

\_\_\_\_\_ Sm. Display Tables

Podium w/ Microphone

Podium no Microphone

Access to Piano

Date Received \_\_\_\_\_

Space & Use Cost \_\_\_\_\_

Approved  Yes  No

Special Comments: \_\_\_\_\_

### Office Use Only

Application Processed by \_\_\_\_\_

Maintenance \_\_\_\_\_ Security \_\_\_\_\_

Approved by MSC \_\_\_\_\_

Vendex Check by OLUR, Date: \_\_\_\_\_ By: \_\_\_\_\_ Status: \_\_\_\_\_

Approved by OLUR: Date: \_\_\_\_\_ By: \_\_\_\_\_

Special Comments: \_\_\_\_\_