

**Oberia D. Dempsey Multi-Service Center**

127 West 127 Street  
New York, NY 10027-3723  
(212) 749 - 0353 / Fax (212) 663 - 3696

**REQUEST FOR SPACE APPLICATION**

Date \_\_\_\_\_

Organization \_\_\_\_\_ \* EIN

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Is Organization Not-for-Profit?  YES  NO [If yes, obtain & attach copy of the 501(c)(3) letter from IRS]

Contact Person \_\_\_\_\_ \* SSN

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate/Cell \_\_\_\_\_

*\* EIN/SSN: Mandatory requirement for Vendex Check*

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

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

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

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

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

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

**Scheduling Information:**

**1st Choice**

Date Requested: \_\_\_\_\_  
Time Requested: Set-up \_\_\_\_\_ Activity Time \_\_\_\_\_ Clean-Up \_\_\_\_\_

**2nd Choice**

Date Requested: \_\_\_\_\_  
Time Requested: Set-up \_\_\_\_\_ Activity Time \_\_\_\_\_ Clean-Up \_\_\_\_\_

**Location:**

Conference Room 409 \_\_\_\_\_ Gymnasium \_\_\_\_\_ Yard \_\_\_\_\_  
Conference Room 412 \_\_\_\_\_ Auditorium \_\_\_\_\_ Other \_\_\_\_\_  
Conference Room 108 \_\_\_\_\_ Cafeteria \_\_\_\_\_

**Special Accommodations:**

Sound System \_\_\_\_\_ Long Tables # \_\_\_\_\_ Round Tables # \_\_\_\_\_  
Sound Booth \_\_\_\_\_ Small Display Tables # \_\_\_\_\_ Chairs # \_\_\_\_\_  
Podium w/ Microphone \_\_\_\_\_ Podium w/o Microphone \_\_\_\_\_  
Other \_\_\_\_\_

**Note: Fee Schedule is available at the MSC Administration Office upon request.**

**(MSC Sponsor) Office Use Only:**

Date Received \_\_\_\_\_ Application Processed by \_\_\_\_\_  
Space & Use Cost \_\_\_\_\_ Maintenance:  Yes  No Security:  Yes  No  
Application Approved:  Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
Application Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
Comments: \_\_\_\_\_

**HRA/OLUR Use Only:**

Vendex Check Date: \_\_\_\_\_ Status: \_\_\_\_\_ By: \_\_\_\_\_  
Application Approved:  Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
Application Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
Comments: \_\_\_\_\_