



BMCC Events & Space Reservations

199 Chambers Street, Rm S-711
New York, NY, 10001

Date:

STAFF/FACULTY EVENT APPROVAL FORM

Name of Event:

Date of Event:

Exact start time:

Exact end time:

Requested location:

Purpose for event:

Event justification:

Event Coordinator/Requestor:

Email address:

Telephone:

Name of VP/Dean:

Email Address of VP/Dean:

Phone number of VP/Dean: