

**Event Application**

**For Non-Affiliated Organizations**



Completion of this form is a request only, not a confirmed reservation.

All applications must be submitted at least 10 business days prior to the proposed event to the Buffalo State Events Management Office ([eventmgt@buffalostate.edu](mailto:eventmgt@buffalostate.edu)) . Incomplete applications will not be processed. Please note that academic classes and all college events will have scheduling priority.

This form must be completed for every event requested at Buffalo State. Thank you for working with us in our effort to maintain high and consistent standards for all events.

Today’s Date: Click or tap to enter a date.

**Applicant Information**

|  |  |
| --- | --- |
| Event Contact | Click or tap here to enter text. |
| Sponsoring Organization | Click or tap here to enter text. |
| Co-Sponsoring Organization | Click or tap here to enter text. |
| Contact Email Address | Click or tap here to enter text. |
| Contact Phone | Click or tap here to enter text. |
| Contact Mailing Address | Click or tap here to enter text. |

**Event Information**

|  |  |
| --- | --- |
| Event Name | Click or tap here to enter text. |
| Event Date(s) | Click or tap here to enter text. |
| Time of Use (set-up through breakdown) | Click or tap here to enter text. |
| Event Start Time | Click or tap here to enter text. |
| Event End Time | Click or tap here to enter text. |
| Space Requested | Click or tap here to enter text. |
| Do you require break out rooms? | Choose an item. |
| # Attending | Click or tap here to enter text. |
| Is there an admission charge? | Choose an item. |
| If yes, amount | Click or tap here to enter text. |
| Do you require parking? | Choose an item. |
| Do you require housing? | Choose an item. |
| Will you have external vendors? | Choose an item. |
| If yes, please provide vendor information | Click or tap here to enter text. |
| List any high-profile guests | Click or tap here to enter text. |
| Will there be food service? | Choose an item. |
| If yes, name of caterer | Click or tap here to enter text. |
| Type of food service | Click or tap here to enter text. |
| Please detail any technical needs. | Click or tap here to enter text. |
| Please provide a brief description of the event. | Click or tap here to enter text. |

Please return the completed event application to [eventmgt@buffalostate.edu](mailto:eventmgt@buffalostate.edu)

Once we receive the completed form, our office will contact you to discuss your request to use facilities at Buffalo State.