

**LEHMAN STAGES SPACE REQUEST FORM**  
User Agreement for Specialized Spaces



**Instructions - Please read carefully**

Please fill out your event information in the spaces provided and fax to Lehman Stages @ 718.960.8836  
An estimated cost quote for personnel reimbursement will be sent back to you and an available date will be reserved for you **pending completion of your paperwork.**  
After the quote has been received, please forward this form to your Department Chair or Program Director as well as the Divisional Dean for signatures.  
A copy of a signed purchase requisition (tax-levy funds) or withdrawal request (Auxiliary Enterprises) or payment request form (Research Foundation) **must accompany this form upon its return to Lehman Stages or your date will not be held.**

\_\_\_\_\_ has requested the use of: Circle facility below  
Your Name



For the following \_\_\_\_\_ Date/s \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
(Name of/Type of Event) DURATION OF SET-UP TIME WILL BE DETERMINED BY THE LEHMAN STAGES TECHNICAL DIRECTOR

With access to the following equipment: (Check one)

Podium \_\_\_\_\_ Microphone/s # \_\_\_\_\_ Projector \_\_\_\_\_ Band Shell \_\_\_\_\_ Music Stands # \_\_\_\_\_  
Slide \_\_\_\_\_  
Video \_\_\_\_\_  
PowerPoint \_\_\_\_\_ Other \_\_\_\_\_

Number of guests expected for your event: \_\_\_\_\_

Are there any VIP's that could become a Public Safety issue? \_\_\_\_\_

Date 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)  
**Appropriate staffing for your event is determined by the Director of Lehman Stages.**

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 the safe and reasonable utilization of the space and can revoke usage privileges at his discretion at any time.

COST OF YOUR EVENT \$ \_\_\_\_\_  
(Lehman Stages Use Only-DO NOT WRITE ON THIS LINE)

**(Cost is based on information provided and is due 2 WEEKS PRIOR TO EVENT. There is an additional cost if an event runs over its planned duration or if more personnel are required. Additional costs will be billed after event.)**

Signature of Chair / Director of requesting Department / Program \_\_\_\_\_ Date \_\_\_\_\_

Signature of Divisional Dean: (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Approved by Lehman Stages: \_\_\_\_\_ Date \_\_\_\_\_

Approved by VP for Admin. & Finance: \_\_\_\_\_ Date \_\_\_\_\_