



BOROUGH OF MANHATTAN COMMUNITY COLLEGE ASSOCIATION, INC.

100 Chambers Street. Rm S222

New York. N.Y. 10007

Phone: (212) 220-8162

EVENT VERIFICATION



NAME OF EVENT: _____

DATE: _____

TIME: _____

Did the performer fully complete the performance and the length of time contracted?

YES NO

If No, how much of the performance or time was done? _____

Name of the officer of the student organization or authorized official

Signature

Date