APPENDIX A
SPACE RESERVATION
FOR CONDUCTING EXPRESSIVE ACTIVITY ON CAMPUS

Printed Full Name of Person(s) reserving space (first, middle, last names):
____________________________________________________________________
____________________________________________________________________

Address/Cell Phone of Each Person reserving space (street address, city, zip code):
____________________________________________________________________
____________________________________________________________________

Name/Address of Organization if registering on behalf of an Organization:
____________________________________________________________________
____________________________________________________________________

Date & time of expressive activity: _________________________________________

Subject or topic of activity: _______________________________________________

Type of activity:     _____ Speech or rally
     _____ March with signs
     _____ Distribution of literature
     _____ Information Table
     _____ Other (describe) _______________________________________

Number of participants with persons reserving space: _________________________

SPACE RESERVATION RECEIVED BY:

Printed Name & Signature of Director of Student Life or Student Life Representative

Date

Location reserved/assigned:____________________________________________________________________