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:_____