

## **Campus Public Expression Activity Reservation Form**

(Please print legibly)				
Name of organization:				
Description of activity speeches, distribution	•	• • •	•	•
Organizer's Name: _	(First Name)		Nama)	
Organizer's Phone: Organizer's Email:				
Campus where activit	y will take place:			
Desert Vista	Downtown	East	Northwest	West
Location on campus you would like to reserve for your activity (please note that activities may only be held outside of campus building and in accordance with our <u>free speech policy</u> ).				
Date of Activity:	Tii	me of Activity:		_(Start) (End)
If equipment or set up will be needed a separate process is required. To begin this process please complete a <u>Facilities Use Request Form</u> .				
Signature of Organize	er:			
Received by:			Date	
Distribution: Compu	s Vice President Vic	o Provident of Stud	lant Affairs Dans	urtmont of Dublic

**Distribution:** Campus Vice President, Vice President of Student Affairs, Department of Public Safety

A copy of this form is to be kept with the organization during the activity.