

PERMIT FORM TO HOLD A RALLY OR DEMONSTRATION

APPLICATION FOR: Rally Demonstration Other

STUDENT ORGANIZATION NAME: _____

Representative's Information:

NAME: _____ Date: _____

ADDRESS: _____ City, State, Zip: _____

Phone: _____ Representative Signature: _____

PROPOSED DATE OF ACTIVITY: _____ Time: from _____ to _____

FULL PURPOSE OF ACTIVITY: _____

LOCATION: (Please be specific) _____

Has this space been reserved? Yes No
(If No, please take appropriate steps to reserve the area. Contact the Student Life Office, G-6 U-Center, for more information.)

Do you wish to use Sound Amplification? Yes No
(Contact the Student Life Office, G-6 U-Center to reserve the Student Life Sound System)

Do you wish to distribute literature? Yes No
(If Yes, please attach a copy of literature to be distributed)

Please provide the names of four(4) additional members who will act as marshals to provide crowd control and/or assistance when needed:

1. _____ 2. _____

3. _____ 4. _____

Authorization:

FAX 5590 Director of Student Life (G-6 University Center) Date

FAX 1355 Facilities Management(GSB-101) Date

FAX 5501 Police Department(SSB-213) Date

FAX 5576 Risk Management(SSB-106) Date

FAX 6504 Student Affairs(AC-336) Date

FAX Administrative Affairs(AC-333) Date

Comments from Approving Parties: _____
