



LIMITED PUBLIC FORUM REQUEST FORM

Applicant: _____

Student: Yes No Community Member: Yes No

Date Requested: _____

Intended Use: _____

Hours of Use: _____

Number of Participants: _____



REQUESTING / RESPONSIBLE PARTY CONTACT INFORMATION

Physical Address: _____

Contact Person: _____

Email Address: _____

Phone / Cell Phone: _____

Your signature(s) below affirm the guidelines for use of the free speech areas will be followed.

Applicant Signature: _____ Date: _____

For College Use Only

Date Application Received: _____

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