Request to use Public Forum Areas and/or Distribute Materials

Name of Organization/Club/Student_____________________________________________________

Student I.D. Number and Name________________________________________________________

Email Address_______________________________________________________________________

Daytime Telephone Number________________________________________________________________

Requested Date/s of Activity____________________________________________________________

(Requests must be presented 2 business days prior to date of use of public forum and/or distribution)

Requested location of Activity (please list order of preferred location on campus). See campus
map links on College homepage. All locations are outside of the buildings.

<table>
<thead>
<tr>
<th>Belle Glade</th>
<th>Boca Raton</th>
<th>Lake Worth</th>
<th>Palm Beach Gardens</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRB, North</td>
<td>BT, South</td>
<td>CF, North</td>
<td>BRSC, North</td>
</tr>
<tr>
<td>TEC, East</td>
<td>SA Ctr., North</td>
<td>MLK Plaza</td>
<td>AA, SW</td>
</tr>
<tr>
<td>AD, West</td>
<td>Pruitt Plaza</td>
<td>LL, North</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requested times of activity: from______(a.m./p.m.) to______(a.m./p.m.)

Setup Requested (i.e., tables, chairs, electricity, audio)______________________________

Explain the nature of the activities:___________________________________________________

_________________________________________________________________________________

If literature is being distributed, please attach a copy to this request.

Is your organization being sponsored by a Palm Beach State College department, club or
organization? _____yes ________no

If yes, state the department or club sponsoring your organization:

_________________________________________________________________________________

I have read the Use of Public Forums and/or Distribution of Materials Guidelines for Students and
Student Clubs and Organizations. The requestor agrees to abide by these guidelines and the
Student Code of Conduct.

Requestor’s Name______________________________________________________________

Signature______________________________________________ Date________________

Approved____________________________________________________

Student Club or Organization Advisor

Please return completed form to the Campus Student Activities Office (CSAO) on the
appropriate campus. You will be notified when your request has been processed.

_________________________________________________________________________________

Internal Use Only

Approved________________________________Date__________Disapproved_______________

Campus Coordinator of Student Activities

Approved__________________________________________Date__________Disapproved_______________

Campus Dean of Student Services

Rev. 10/2012