

For Office Use Only:				
Time Received				

## REQUEST TO RESERVE DESIGNATED AREAS AND/OR USE OF AMPLIFIED SOUND FOR EXPRESSIVE ACTIVITIES OR CROWDS OVER 50 INSTRUCTION:

COMPLETED FORMS MUST BE RETURNED TO THE DEAN OF STUDENTS (Union 409) AT LEAST EIGHT (8) WORKING DAYS IN ADVANCE OF THE PLANNED EXPRESSIVE ACTIVITY.

Name of student or visitor and Event Name			Enrolle	d Student ID Num	ber or Employee
Contact Person (if o	different from abo	ve)			
E-mail address			Telephone number		
Name of faculty advisor (optional)			E-mail address of facult	ry advisor (optiona	1)
PURPOSE OF TH	IS RESERVATIO	<b>N REQUEST</b> (Check a	ıll that apply):		
Reserve space for Use of amplified sou expressive activity expressive activity			und during Anti over	cipated Groups 50	
NFORMATION RE	GARDING EXPR	ESSIVE ACTIVITY:			
Pate of activity	Time (f	rom/until)	Designated area requested		Estimated number or attendees
Alternate date	Time (f	rom/until)	Alternate designated ar	ea requested	
rovide the dimensi Vill the display, exh		exhibit, or sign:	us grounds?	☐ No	
cknowledge that I I olicy 07-006) and re		to read the Free Speec	h and Public Assembly on Ca	mpus Grounds Po	licy (UNT
Print Name		Signatu	re		
r Office Use Only:	Noted on DOS Cal	endar	Request Granted	Reques	st Denied
ocation Reserved	Date of Activity	Time of Activity			
			Dean of Students		Date

## Reason for Denial of Request:

A request to reserve the requested areas has already been submitted and approved.	The request exceeds more than the 15 days reserved in  a semester by the requestor or is more than 5 consecutive days limited by the Free Speech Policy.
The requested area is not suitable for the requested used due to a conflict with an official university function that is already scheduled in close proximity.	•
☐ The reservation or registration form is not complete.	