			For Office	e Use Only:	
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		DF AMPLIFIED SOUND FOR EXPRESSIVE A T LEAST EIGHT (8) WORKING DAYS IN ADVANCE OF THE P			
Name of student or sp	oonsoring organization and Event N	lame Enrolled Stude	ent ID Number or E	mployee	
Contact Person for spo	onsoring organization (if different fr	rom above)			
E-mail address		Telephone number			
Name of faculty advisor (optional)		E-mail address of faculty advisor (optional)			
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I acknowledge that I have been advised to read the Free Speech and Public Assembly on Campus Grounds Policy (UNT Policy 18.4.8) and related procedures

Print Name

Signature

For Office Use Only: Noted on DOS Calendar			Request Granted	🗌 Request Denied
Location Reserved	Date of Activity	Time of Activity		
			Dean of Students	Date

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 use due to a conflict with an official university function that is already scheduled in close proximity.	The request was submitted by an individual or organization that is not permitted to reserve designated areas.
The reservation or registration form is not complete.	

Rev. 08/2016