

**ROWAN UNIVERSITY
FREE SPEECH AND PEACEFUL ASSEMBLY POLICY
RESERVATION OF LOCATION REQUEST FORM**

Name of person, group or organization sponsoring the event:

Name and contact information (cell phone number/email address) for representative who will be present during the event:

Location, date, time of day and duration requested for the event:

List of planned activity(ies) (i.e. speech, rally, march, use of signs, distribution of literature, etc.):

Special equipment that has been/will be requested (if any):

Anticipated attendance (number of persons in attendance): _____

Requestor's Signature: _____

Print Name: _____

For use by the Office of the Assistant Vice President for Public Safety and Emergency Management

APPROVED _____ NOT APPROVED: _____

If the request is not approved, set forth the reason(s):
