

Name: _____

Phone Number: (____)____ - _____
(where you can be reached during the business day)

Address: _____

Email: _____

Who Are You Representing? _____ Self
_____ Student Organization: _____ (Name of Org.)
_____ External Organization: _____ (Name of Org.)

Approximately how many individuals will be participating? _____

Topic of Speech / Literature Activity: _____

Will you: Share information verbally: ___ yes ___ no
Hand out literature ___ yes ___ no *If yes, you must provide a copy of literature.*
Sell any items ___ yes ___ no *If yes, city vending license may be required.*
Please provide information or a sample of item(s) for sale.

Date(s) & Times Requested: _____
(Example: Monday, Sept. 1 from 9am – 3pm or Sept. 1-5 from 9am – 3pm)

Location Requested: _____

I have read section 154 of the NDSU Policy Manual. I agree to be responsible for the individual/group activities and pass along this information to all participating group members.

Signature _____ Date _____

Printed Name _____

North Dakota State University reserves the right to designate the time, place, and manner which activities may occur. Content does not factor into the approval process.

Approved

Approved with modifications (see attached)

Staff Signature _____ Title _____ Date _____

Additional Approval:

Staff/Student Government Signature _____ Title _____ Date _____