

EAST GEORGIA STATE COLLEGE

GROUNDS RESERVATION FORM

Revisions Adopted by President's Cabinet 5/22/18
Revisions Adopted by President's Cabinet 7/13/17
Approved by President's Cabinet 3-24-15

Individuals who wish to or are required to submit a Grounds Reservation Form in accordance with the *EGSC Freedom of Expression Policy* must submit the completed form to the Event Planner. The Event Planner will notify you of the reservation decision and associated security fees, if applicable. A form must be completed for EACH event. All venues are public outdoor areas.

*See *EGSC Freedom of Expression Policy*:

<http://www.ega.edu/policy/09-freedom-of-expression.pdf>

Please print

Event Name _____ Event Date _____

Sponsoring Organization Name / College Community Group Yes _____ No _____

Event Contact/Speaker _____ Phone Number _____

Address (City/State/Zip) _____

E-mail: _____

Student Organization and Advisor: _____

Phone Number: _____ E-mail: _____

Start Time _____ End Time _____

Description of event, include equipment and personnel

Expected Number of Attendees: _____

External speakers may be assessed security fees based on expected attendance at the rate of \$26.75 per hour per EGSC Facilities Usage Policies; one police officer per 100 attendees. \$ _____

Other information: Will amplified sound be used? ___ yes ___ no

Will you be using electricity? ___ yes ___ no

Will you be distributing materials? ___ yes ___ no **(IF YES, PLEASE ATTACH)**

By signing below I acknowledge that the above information is true and correct.

Primary Contact

Date

RESERVATIONS MUST BE MADE 48 HOURS IN ADVANCE FOR NON COLLEGE AFFILIATED SPEAKERS USE OF PREFERRED LOCATION AREAS

Circle the area of the campus you wish to reserve:

Swainsboro:

- PE Building Front Entrance
- JAM Student Center-Campus Green Entrance Grassed Area

Statesboro:
Grassed Area Between Sidewalks/Faculty Entrance

Augusta: Teardrop JSAC

Other: _____

Event Planner
Date: _____
Alternate: _____
Notified Requester: _____ (Date)

Director of Student Life Approval
___ Approved
___ Denied
Reason denied: _____

Signature
Date: _____

Appeal Received by VPASA
Date: _____
Decision: _____
Approval/ Denial

Signature