

# EAST GEORGIA STATE COLLEGE

## GROUNDS RESERVATION FORM

Revisions Adopted by Cabinet 7/13/17  
Approved by 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. A form must be completed for EACH event.

\*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 \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Description of event, include equipment and personnel

Expected Number of Attendees: \_\_\_\_\_

For College Community Events only:

Public Area Requested \_\_\_\_\_

Event Contact/Speaker \_\_\_\_\_ Phone Number \_\_\_\_\_

Address (City/State/Zip) \_\_\_\_\_

E-mail \_\_\_\_\_

Student Organization and Advisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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:** \_\_\_\_\_

**Events Planner Approval**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Alternate: \_\_\_\_\_

Notified Requester: \_\_\_\_\_(Date)

**Director of Student Life**

**Approval**

\_\_\_ Approved

\_\_\_ Not approved

Reason denied: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Appeal Received by VPSSA**

Date: \_\_\_\_\_

Decision: \_\_\_\_\_