

EAST GEORGIA STATE COLLEGE

GROUNDS RESERVATION FORM

Approved by President's Cabinet 3-24-15; Revisions Adopted by President's Cabinet 5/22/18; 7/13/17; 8/8/22

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 Director of Institutional Advancement and Community Relations. The Director of Institutional Advancement and Community Relations 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*:

<https://www.ega.edu/about/at-a-glance/policies-and-procedures-of-the-college/09-freedom-of-expression.html>

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**

**NON COLLEGE COMMUNITY
SPEAKERS USE - PREFERRED
LOCATION AREAS**

Circle the area of the campus you wish to reserve:

Swainsboro:

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

Campus Community:
Requested Outdoor Area :

**Director of Institutional
Advancement and
Community Relations**

Date: _____

Alternate: _____

Notified Requester: _____ (Date)

**Assistant Director Student
Conduct/ Deputy Title IX
Coordinator**

___ Approved

___ Denied

Reason denied: _____

Signature _____

Date: _____

**Appeal Received by
Provost/VPASA**

Date: _____

Decision: _____

Approval/ Denial

Signature/Date _____