



Temple College Campus Event Request and Approval Form

1. Event Organizer Information

Sponsoring Department / Student Organization: _____

Primary Contact Name: _____

Email: _____ Phone: _____

Campus Affiliation: Student Faculty/Staff External Guest

Faculty/Staff Advisor (if student organization): _____

2. Event Details

Event Title: _____

Event Description / Purpose: _____

Event Type: Lecture Speaker Performance Tabling Meeting

Other: _____

Expected Attendance: _____

Proposed Date(s): _____ Time(s): _____

Location Requested: _____

Is the event open to: Campus Only Public By Invite Only

*It is the organizer's responsibility to reserve space and notify maintenance (254)298-8690 of any additional needs.

Will the event include any of the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Designed to Raise Funds | <input type="checkbox"/> Publicity beyond TC Campus |
| <input type="checkbox"/> Amplification / Speakers / Drums | <input type="checkbox"/> Signs / Banners / Literature |
| <input type="checkbox"/> Vendors / Food / Beverages | <input type="checkbox"/> Tents / Booths / Structures |
| <input type="checkbox"/> Overnight Activities / Encampments | <input type="checkbox"/> Use of Flag(s) |
| <input type="checkbox"/> Face Coverings / Masks | <input type="checkbox"/> Animals / Vehicles / Inflatables |
| <input type="checkbox"/> Pyrotechnics / Open Flame | <input type="checkbox"/> Other: _____ |

REQUIRED: PLEASE ATTACH YOUR EVENT AGENDA, PRESENTATION/ SLIDES/ LITERATURE FOR REVIEW.



3. Compliance and Attestations

This form must be completed and submitted for any proposed campus event at Temple College. The purpose of this form is to ensure that all events are approved, properly coordinated, and in compliance with Senate Bill 2972 and Temple College policies on expressive activity.

- By signing below, the organizer affirms the following:
- I have reviewed Temple College's Expressive Activity and Campus Event Policies.
- I understand that Senate Bill 2972 prohibits certain activities, including encampments, overnight stays, amplification during class hours, expressive activity between 10 p.m. and 8 a.m., and concealing one's identity to evade identification.
- I will ensure compliance with all applicable policies and regulations.
- I agree to present valid identification if requested by campus officials or law enforcement.
- I accept responsibility for cleanup, damages, and compliance oversight.

Organizer Signature: _____ Date: _____

4. Review and Approval Signatures

Department Head / Advisor: _____ Date: _____
Required

Student Life / Student Affairs: _____ Date: _____
Student Organizations only

AVP of Student Services: _____ Date: _____
Student Organizations only

Campus Security / Police: _____ Date: _____
Required

Academic Affairs / Provost: _____ Date: _____
Required

5. Post-Event Review

To be completed after the event takes place, then submitted to Provost.

Actual Attendance: _____

Event Conducted as Approved? Yes No

Any Incidents / Damage / Complaints? _____

Cleanup Completed? Yes No

Organizer Signature: _____ Date: _____