

F.09.01.01-A Space Reservation for Conducting Expressive Activity on Campus
Appendix A

Responsible Department: VC Student Success Based on Board Policy: F.09.01
– Protected Expression on Campus

Approved: 07/28/2020

Last Amended: 11-19-24

**APPENDIX A
SPACE RESERVATION
FOR CONDUCTING EXPRESSIVE ACTIVITY ON CAMPUS**

Instructions: Complete the following steps and send the form to the appropriate college's Student Life Office (email addresses are listed at the end).

Contact Information:

- Printed Full Name of Person(s) Reserving Space (First, Middle, Last):

- Address/Cell Phone of Each Person Reserving Space (Street Address, City, Zip Code):

College Selection:

- Check the college where the activity will be held:

Northeast Lakeview College (NLC)

Northwest Vista College (NVC)

Palo Alto College (PAC)

San Antonio College (SAC)

St. Philip's College (SPC)

Student or Community Member?

- Is the space request for a Student? (Yes/No): _____
- Is the space request for a Community Member? (Yes/No): _____
- Will the student organization be collaborating with an external organization?
(Yes/No): _____

If yes, provide the External Organization's Name and Contact Email:

Name: _____

Email: _____

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Activity Details

- Provide a Detailed Description of the Activity:

Date & Time of the Expressive Activity: _____

Subject or Topic of the Activity:

- Type of Activity (Check all that apply):

Speech or Rally

March with Signs

Distribution of Literature

Information Table

Other (Describe): _____

- Number of Participants Reserving Space: _____

Submission Information:

- Send the completed space reservation form to the Student Life Office at the college where the activity will be held:
 - Northeast Lakeview College: nlc-student@alamo.edu
 - Northwest Vista College: nvc-activities@alamo.edu
 - Palo Alto College: pac-events@alamo.edu
 - San Antonio College: sac-studlife@alamo.edu
 - St. Philip's College: awilliams284@alamo.edu

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For Office Use Only

Space Reservation Received By:

- Printed Name of Director of Student Life or Student Life Representative:

- Signature of Director of Student Life or Student Life Representative:

- Date: _____

- Location Reserved/Assigned: _____