

Free Speech Area Registration Form

(Please Print)

Individual or Organization Name: _____

Address: _____ Telephone: _____

Detailed Description of Activity: _____

Date(s) Requested (M-F only): _____ Time (must be between 8am-5pm) _____

Dates may not be available due to college events and/or closures.

Location(s) Requested: ___ College Drive Campus ___ Roberts Drive Campus ___ Technology Drive Campus

ACTC Free Speech Area Policy

I/we understand that ACTC is a non-public forum; therefore, the college has the right to restrict the time, place, and manner of the free speech activity. ACTC permits free speech activities to the extent it does not disrupt the college's educational purpose. ACTC designates areas called the "Free Speech Area." Individuals must remain within the parameters of each Free Speech Area (locations are identified). I/we further understand that aggressive solicitation and harassment are not acceptable behavior for persons using the Free Speech Areas. I/we may distribute flyers, pamphlets, petitions, etc. when asked for by passers-by.

Artificial noisemakers or enhancers: i.e. walkie-talkies, stereos, megaphones, speakers, or any other devices used to create or magnify noise are prohibited. Pictures, displays, graphics, etc. may not be used if they promote hate, harm, violence, or the threat of these to others. All displays must not exceed 24" x 36". No equipment above and beyond the location of the Free Speech Area will be supplied by the college. No food or beverage give-aways are permitted in any Free Speech Area.

If a non-college unit or group, I/we accept to give ACTC an advance notice of 24 hours prior to use of the free speech area. Additionally, if a non-college unit or group, I/we also agree that a confirmation from the Office of the Dean of Student Affairs must be received before being allowed on campus.

By signing this form I/we acknowledge that I/we fully accept and understand the conditions listed here and agree to abide by the policies and procedures for free speech activities at ACTC.

PRINTED NAME(S) (Of person(s) registering for free speech activities)	SIGNATURE(S)	DATE

Please return to the Office of Student Activities.

Official Use Only: (Non-college units or groups)

Date received _____ Time received _____