



**REQUEST FOR DISSEMINATION OF  
LITERATURE, PUBLIC EXHIBITS, DISPLAYS  
AND PRESENTATIONS**

**Name of Group:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_ **Time of Activity:** \_\_\_\_\_  
MM/DD/YY From To  
 Use a.m. or p.m. and noon or midnight.

**Contact Person:** \_\_\_\_\_  
Please print.

**Mailing Address:** \_\_\_\_\_  
Street/P. O. Box City State Zip Code

**Telephone No.:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_

**Intended Audience:** \_\_\_\_\_

**Location Requested:** \_\_\_\_\_

**Complete description of exhibit, display, presentation, event or activity:**  
 (Please attach copies of any materials to be distributed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date: MM/DD/YY

Please return this form to the Office of Student Life, Bryant Student Union, CF Ocala Campus, 3001 S.W. College Road, Ocala, FL 34474-4415 or Citrus Campus, 3800 S. Lecanto Highway, Lecanto, FL 34461-9026.

**For office use only.**

**Received by:** \_\_\_\_\_ Signature \_\_\_\_\_ Date: MM/DD/YY

**Approved**     **Denied**

\_\_\_\_\_  
Signature Date: MM/DD/YY