## **BROOKDALE COMMUNITY COLLEGE**

## **SECURITY AND PUBLIC SAFETY OFFICE**

765 Newman Springs Road Lincroft, NJ 07738

## Application for Permit to hold a Demonstration at **Brookdale Community College**

1. Sponsoring Person and/or Organization:				2. Date of Application:	
3. Address:		4. Teleph	one: Business	5. Mobile:	6. FAX:
7. Date(s) of Event: 8	of Event: 8. Day(s) of Week:		ime (including ):	10. End Time (including clean-up):	11. Total Duration:
12a. Nature of Event (Check appropriate box best describing the nature of your activity):  Demonstration (Rally, Vigil, etc). Filming/Photography Musical Performance  March Foot Race Other (Describe below)  b. Describe all activity in detail:					
13. Specific area of Colleg	e Grounds requested to	be utilized:	(i.e., Back Can	npus Walk-Way, in front of the	Corn Crib, etc.)
	All props and equipmed dimensions of all items.	ent must be	furnished by s	ponsoring person or organizat	ion. Please be specific;
Handheld Signs, Place Quantity:	ards Banner(s) Size: L	W	Н	Podium	Distribution of Literature
Chairs Quantity:	Press Riser Size: L	W	Н	Lighting Equipment	Portable Sound System
Tables Quantity:	Stage(s) Size: L	W	Н		1
Other:	,			-1	
15. Names of Participants	and emergency contact	information	:		
16. Estimated # of participants:				18. Identify any safety concerns:	
9. On-site contact:  Mobile #:					
20. Does information exist If yes, please explain:	that a person(s) may wis	sh to disrup	t your activity?	Yes No	
21. I,			ave read and a emonstrations	acknowledge the Brookdale Co Regulation.	ommunity College
APPLICANT'S NAME (Print)					
APPLICANT'S SIGNATURE				DATE	_
	AD MODE EVDEDITION		id Until Signed	BETURN ARRUGATION VIA	

FOR MORE EXPEDITIOUS PROCESSING, PLEASE RETURN APPLICATION VIA:

EMAIL: aceglie@brookdalecc.edu

To arrange for hand delivery, contact the Director, Security and Public Safety at: (732) 224-2351 between 8:30 a.m. to 5:00 p.m., Monday through Friday