***Solicitation, Assemblies, and Public Addresses Registration Permit***

Organization Name:

Sponsoring Organization (if required):

Applicant’s Name: Phone: Email:

Activity:

***Building(s) Location(s) Time/Date Facility Coordinator’s Signature***

**I understand that if I fail to follow the guidelines stated above and listed in University Policies 82 and 114 my activity may be immediately canceled and my organization maybe denied approval for future activities. I agree to keep a copy of this form on hand during our event/activity.**

(Applicant’s Signature) (Date of Request)

(Director of Campus Activities) (Date Approved)

**\*ANY & ALL Food must be provided by WCU Dining Services - (828) 227-3969. If you would like to have food provided by an outside source, you must have the Director of Aramark’s permission.**

Aramark Catering? Yes\_\_\_\_ No\_\_\_\_

Outside Catering Source? Yes\_\_\_\_ No\_\_\_\_ (if yes, must have signature/approval of Director of Aramark)

Signature of Senior Food Service Director, Todd Littrell:

Date:

***\* Dining Services must have a confirmed number of people 3 days prior to the event. Changes to the menu could result in extra charges.\****