

## Trine Tabling Approval Form

Name of Organization: \_\_\_\_\_

What do you wish to promote through tabling (event, cause, etc.)? Be specific.

Requested Dates for Tabling: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location on Campus for Tabling: \_\_\_\_\_

If Location Includes Tabling Outside of Whitney Commons:

Requested Dates for Tabling: \_\_\_\_\_

Requested Time(s) for Tabling:     \_\_\_ Lunch     \_\_\_ Dinner

Description of tabling event (will you be giving out anything, etc.):

\*Groups must have a copy of their approved tabling form at the event to be shown upon request.

Requester Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

For the Department of Student Success & Engagement Only:

Approval Status (Circle One):     Approved     Not Approved

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_