Application for Political Campaigning

Contact Information
Name of candidate or organization: ________________________________________________
Name of individual responsible for this campaigning application: _________________________
Local address and phone of application contact: ______________________________________

Campaigning Request
For each campaigning request, please list requested date, time, and location. Locations include:

- Preska: student floors; lobby
- McElroy: student floors; lobby
- Crawford: student floors; lobby
- Julia Sears: student floors; lobby
- Stadium Heights: student floors
- Carkoski Dining: inside dining hall; outside dining hall entrance

Date  Time  Location(s):
1.    
2.    
3.    
4.    
5.    

Campaign Workers
For each of the above requests, list the name of the individual(s) who will be participating in the campaigning.
1.    
2.    
3.    
4.    
5.    

Remember, campaign workers can only campaign on residence community floors or inside the dining hall if the candidate is with them on the floor or in the dining hall.

Signature of individual in charge of this campaign application __________________________
Date of application __________________________

Signature of Residential Life Associate Director (or designee) approving application __________________________
Date of approval __________________________

NOTE: A copy of this form will be returned to the applicant after approval has been granted.