

Student Organization Soliciting Permit

Today's Date:				
Name of Student Organization/University Department:				
Name of Requestor:				
Contact Phone Number: _				FAX #
Contact Email:				
	F	PLEASE CALL 848-932-8	469 IN CASE	OF CANCELLATION
LIST DINING HALL(S), MEALS AND DATES REQUESTED: (LUNCH 11:00-2:30; DINNER 4-9)				
Day of Week	Date	Dining Hall	Time	
				_
				_
				_
DO YOU REQUEST THE US	OF A TABLE 8	& CHAIRS?	YES	NO
DO YOU NEED THE USE OF	AN ELECTRIC	AL OUTLET?	YES	NO
PURPOSE, IN FULL DETAIL, TO BE FILLED OUT BY REQUESTOR:				
THE TABLING PERIOD IS O	VER AND YOU THE AREA FRE	HAVE RETURNED THE E OF LITTER AND RETU	TABLES AND RN THE TABL	ALSO LEAVE YOUR ID WIT THE COURTESY DESK UNTIL CHAIRS. YOU ARE REQUIRED TO SET IN PLACE YOUR E AND CHAIRS AFTER EACH MEAL. IF YOU REQUIRE ANY
I will conduct the soliciting	; in an orderly	manner and will keep	the display a	rea free of all unsightly material.
			Sig	nature of Requestor
This request conforms wit	h established	Rutgers University and	Dining Service	ces policies and has my approval.
			Executi	ve Director of Dining Services