

SOUTHERN ILLINOIS UNIVERSITY

EDWARDSVILLE

Reservation Form to Request Use of:

“STRATTON QUADRANGLE GATHERING AREA”

For **Non-SIUE** Affiliated Groups or Persons

Requested Date(s): _____

No. of Participants: _____

Requested Times: Beginning: _____ Ending: _____

To Publicly Speak To Distribute Material Student Organization/SIUE Dept. Sponsored

Other (explain): _____

NAME OF ORGANIZATION: _____

Contact Person(s): _____

Address: _____

Phone Number: _____ Email Address: _____

Purpose of Forum: _____

Purpose of Forum: (Please be specific.)

What steps will be taken to protect the safety of all participants and University property?

SIGNED BY:

Contact Person

Dated: _____

APPROVED:

Robert A. Vanzo
Director, Administrative Services

Dated: _____

Return completed form to Office of the Vice Chancellor for Finance and Administration, Rendleman Hall, Rm 2228, Campus Box 1158, Edwardsville, IL 62026 or via email to rvanzo@siue.edu

(Revised: March 6, 2026)