

SPRING 2023 Tabling Request for Outside Entities Form

Return this **COMPLETED** form to the office of Student Activities and Advocacy, Student Services Bldg, Rm 254

Date Submitted: ___ / ___ / ___ Organization Name: _____

Activity (be specific): _____

Purpose: ___ Distribute Information/Promotional Items ___ Recruitment ___ Sale of Goods/Services

Activity Date: ___ / ___ / ___ Time & Duration: ___ AM/PM TO ___ AM/PM

Preferred Location of activity: ___ LRC (Learning Resource Center) ___ Bridge (near Health Ctr)

Location preference is a request only and not a guarantee.

Depending on the nature and size of the event, the presence of Campus Police may be necessary

Guidelines: Vendors are required to comply with the College of Marin "District" vaccination policy, [BP 3507](#). By submitting this request, you are attesting that you are vaccinated. If you are found in violation of the policy, you will be removed from campus and restricted future access. Anyone who is experiencing COVID-19 like symptoms or has been directly exposed to someone with COVID-19 should remain home and see their healthcare provider. For updates visit <https://www1.marin.edu/strong/>

- This form must be submitted to the Student Activities and Advocacy Office, SS 247
- **Vendors selling goods or services must provide copy of current business license and pay** required fee of **\$25.00** – cash or check made payable to the College of Marin
- **Review and agree to comply** with the Marin Community College District Policy No. 3900 <http://accreditation.marin.edu/sites/accreditation/files/I.C.7-2 BP 3900 Speech.pdf>
Students, employees, and members of the public shall be free to exercise their rights of free expression, subject to the requirements of this policy.



Signed Acknowledgement: _____

CONTACT INFORMATION:

NAME: _____ TITLE: _____

PHONE: _____ EMAIL: _____

SET UP NEEDS:

Example: 2 six-foot tables, 6 chairs

Tables: QTY ___ Chairs: QTY ___

Other/MISC: _____

OFFICE USE ONLY

Approved

○ By: (print) _____ Dept: __ Transfer Ctr __ Outreach __ Career
__ Other _____

Vendors Fee PAID: __ **Cash** or __ **Check**

NOT Approved

Reason: _____

Director of Student Activities and Advocacy: (print) _____

(sign) _____

CP (campus police)

MT (maintenance)

SSH