



**Public Forum Registration  
Form Application Attention:  
Cyndi Vasquez-Barrios**

Dean of Students  
1215 Houbolt Road  
Joliet, IL 60431  
Phone: (815) 280-2761  
Email: cyvasque@jjc.edu

Please complete the following registration to reserve use of Joliet Junior College public forum (FSA) facilities. In order to best accommodate your table request, we would need (5) business days to process your FSA date(s), time(s), location and facilities request.

The College requests a 24-hour notice for all cancellations.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Student ID # (if applicable): \_\_\_\_\_

Description of event: \_\_\_\_\_ Number of participants: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Hours: \_\_\_\_\_

JJC may publish your event on the JJC website calendar

**Location:**

- Main Campus
- Romeoville
- City Center
- Weitendorf
- Campus Morris

**Type of space(s)**

- Concourse C-E
- Concourse S-U
- Cafeteria
- Picnic Grove
- TBA for off  
Main Campus
- South Bridge
- Public Sidewalk
- Bell Tower
- Outside Location
- Other

**FACILITY REQUIREMENTS Table setup (1 tables) with 2 or 4 chairs.**

Audio Amplification Request: Please describe request. College doesn't provide equipment.

Name: \_\_\_\_\_  
(Printed)

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



**JJC FSA Registration Processing: To be completed by OSSR**

Date received: \_\_\_\_\_ Facilities scheduler: \_\_\_\_\_

Space request compliant with Board Policy and Procedure 3.0101?  Yes  No

**Notes:**

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Space available via 25Live  Yes  No

Space booked  Yes  No

Facility Services Request  Yes  No

Confirmation sent?  Yes  No

Notice to Campus Police  Yes  No

Notice to Student Activities  Yes  No

Provided policy/procedures  Yes  No

Amplification request  Yes  No

Amplification approved  Yes  No

Entered into tracking sheet  Yes  No

Held by: \_\_\_\_\_

Date: \_\_\_\_\_

Work order #: \_\_\_\_\_

Approved by/date: \_\_\_\_\_

Sent by/date/via: \_\_\_\_\_

<p><b>FSA Scheduler Notes:</b></p> <hr/> <p><b>Reviewed:</b></p> <hr/> <p><b>Dean of Students</b></p> <p>Date: _____</p> <hr/> <p><b>Chief of Police</b></p> <p>Date: _____</p>
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**If denied: Appeal to Vice President of Student Development**