BOCA RATON CAMPUS

TEMPORARY GROUND SIGN/BANNER APPLICATION

Requester Information (Please Print) Application MUST be submitted 7 days before signs are to be placed.

Name:_____ Date: _____
Telephone No:_____ Fax No:_____
Department Name:_____ E-Mail Address:_____
Campus Address:_____ Room No:_____

EVENT INFORMATION (Please Print)

Event Name:_____ Location:_____
Starting Date:_____ Starting Time: _____ End Date: _____ End Time: _____

TEMPORARY SIGNS (18x24 max. size) - Requestor is responsible for production of signs and banners

Choose sign location(s) number: (See Attachment "A" for Locations)
If Directional Arrows are to be included on signs indicate (S) Straight, (R) Right or (L) Left, (N) None, after each numbered location chosen.

1 _	5 _	9 _	13 _	17 _	21 _	25 _
2 _	6 _	10 _	14 _	18 _	22 _	26 _
3 _	7 _	11 _	15 _	19 _	23 _	27 _
4 _	8 _	12 _	16 _	20 _	24 _	

	Date	Time
Signs will be ready for pick up	_____	_____
Signs to be placed on campus:	_____	_____

Sign Text: _____
If applicable, which parking lot are signs directed: _____ Pick-up location:_____

BANNERS

Check banner location by letter and size:
See Attachments "B", "C" and/or "D" for locations.
- Banner material: Vinyl
- Banner placement: Horizontal only
- Baner size 10' x 3' (except location B, C & D)

A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐

B ☐ C ☐ D ☐ (10' x 4' Max.)

☐ Single sided banner ☐ Double sided banner

	Date	Time
Banners will be ready for pick up:	_____	_____
Banners to be placed on campus:	_____	_____

Pick-up location:_____
Banner Text: _____

Signs and Banners are to be removed from campus? Date: _____ Time: _____
Sign/Banner disposal: Return signs to requestor after event? Yes: _____ No: _____

This request meets the requirements of this office and is forwarded to the Office of Space Utilization for consideration.

_____ _____ _____
Vice President/Dean/Director Print Name Date

The sign/banner application has been reviewed and is approved. It is understood that funding for this sign/banner request is the responsibilitiy of the requesting department.

_____ _____
Shannon Clounts, Director, Space Utilization & Analysis Date

cc: Requester, Physical Plant, file
Complete the entire form. Obtain signature of Director, Dean or Vice President, then forward to the Office of Space Utilization & Analysis (Bldg 69, Room 104 or fax at 561-297-0195). A response will be returned to the requester within seven (7) days of receipt of request.
To ensure proper navigation refer to Attachment A and make sure arrows on the signs are adequately directing traffic to your event.

Form revised 1/09/2012