Fax Completed Application to 916-263-5823
Email to mediacenter@calexpo.com

California Exposition & State Fair

FREE SPEECH DESIGNATED AREA APPLICATION

Individual or Organization Name			
Type/Purpose of Activity			
Requested Location			
Date(s) (5 days maximum)			
Time	Starting Time:	Ending Time:	
Contact Person			
Email Address			
Street Address			
City, State, Zip			
Telephone No.	Day #:	Evening #:	Fax #:

Will your activity include signs, posters, tables, or other articles or equipment? ☐ Yes ☐ No

If yes, please list: _____

_____

Will your activity include soliciting voluntary contributions? ☐ Yes ☐ No

If yes, how will the contributions be used? _____

Please provide descriptive information about your organization or activity (i.e.: website, pamphlet, etc):

Is your organization registered as a 501c(3)? ☐ Yes ☐ No

On behalf of the signatory, or in the case of a representative of a group signing on behalf of a group, signatory acknowledges receipt of Cal Expo's Free Speech Activities Guidelines. Further, signatory states that he/she has read the guidelines and that the guidelines will be distributed to members of the group or those using the designated area assigned to requestor.

_____
Print Name

_____ _____
Signature Date

****

(CAL EXPO USE ONLY)

Received by Cal Expo on: _____ _____
(Date) (Time)

Assigned to Free Speech Area: _____
(Location)

For the dates of: _____

Approved: _____ Date: _____