



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

**CALIFORNIA EXPOSITION AND STATE
FREE SPEECH DESIGNATED AREA APPLICATION**

INDIVIDUAL OR ORGANIZATION NAME _____

TYPE/PURPOSE OF ACTIVITY _____

REQUESTED LOCATION _____

DATE(S) (5 DAYS MAXIMUM) _____

STARTING TIME _____	ENDING TIME _____
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CONTACT PERSON _____

EMAIL _____

STREET ADDRESS _____

CITY _____	STATE _____	ZIP _____
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DAYTIME PHONE _____	EVENING PHONE _____	FAX _____
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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.):

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 _____