



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

CONTACT PERSON

EMAIL

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

EVENING PHONE

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.):

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 \_\_\_\_\_