

**California Exposition & State Fair  
FREE SPEECH DESIGNATED AREA APPLICATION**

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

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

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

On behalf of the signator, or in the case of a representative of a group signing on behalf of a group, signator acknowledges receipt of Cal Expo's Free Speech Activities Guidelines. Further, signator 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: \_\_\_\_\_