



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: \_\_\_\_\_