



San Mateo County Event Center
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 San Mateo County Event Center'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

 (SMCEC USE ONLY)

Received by SMCEC on: _____
 (Date) (Time)

Assigned to Free Speech Area: _____
 (Location)

For the dates of: _____

Approved: _____ Date: _____