



Registration for First Amendment Activities Zone

Every person participating in the First Amendment Activities Area must fill out this form completely and truthfully.

Name of Event: _____

Requested Date(s) of Event: _____

Requested Time(s) of Event: _____

Description of Event/Activities: _____

Participant Information

Name: _____ Job Title: _____

Phone Number: _____ - _____ - _____ Email: _____@_____.com

Mailing Address: _____

Signature: _____ Date: _____

