

APPLICATION FOR NON-ALCOHOLIC EVENTS

**Organization**

Name	Email Address		
Address			
Chairperson/Other	Email Address		
Address			Phone
Budget Purpose of Event	Fiscal Officer Name		
Purpose & Type of Event			
Date of Event	Time Start	Time Finish	
Route or Location			
Estimate:	Number of Persons	Number of Floats	Number of Bands
	Number of Autos/Trucks	Speed (MPH)	

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**APPLICATION MUST BE SIGNED BY RECOGNIZED OFFICER OF REQUESTING ORGANIZATION**

Submitted By	Email Address
Title	Date Submitted
Address	Phone
University Organization	

Note: One copy only of the application must be submitted to the Director of Department of Public Safety no later than **two weeks prior** to the date of the event.

**(Do not write below this line.)**

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Traffic Control Required	Yes	No	Signs Required	Yes	No
Barricades Required	Yes	No	University Police Assistance	Yes	No

Comments

Approved by	Date
(Director/Designee-Department of Public Safety)	