

**APPLICATION FOR NON-ALCOHOLIC EVENTS**

**Organization**

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Chairperson/Other \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Budget Purpose \_\_\_\_\_ Fiscal Officer Name \_\_\_\_\_  
 of Event \_\_\_\_\_  
 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)

**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.)**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
 (Director/Designee-Department of Public Safety)

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

Comments \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 (Vice Chancellor for Administration & Finance)