



Current date _____

Assembly title _____

Expected number of participants _____ Is this a procession? _____

Assembly coordinator _____

Mailing Address _____

E-mail Address _____ Phone _____

Primary Emergency contact(s) during event:

Name 1 _____ Name 2 _____

Phone 1 _____ Phone 2 _____

E-mail 1 _____ E-mail 2 _____

Assembly Start Day/Date _____ Start Time _____

Assembly End Day/Date _____ End Time _____

Are you promoting your assembly? _____ If yes, how? _____

Event description (activities, other location info, etc.). *Please submit a route map for processions.*

Assembly Coordinator Signature _____

RETURN COMPLETED FORM

Via U.S. Postal Special Events - PIM 200 N. Walker, OKC, OK 73102
Via Email -PREFERRED specialevents@okc.gov
Via Fax 405-297-3124

SPECIAL EVENTS OFFICE USE

Special Events Office signature _____ **Date** _____