



DEMONSTRATION REGISTRATION FORM

Name of Student Organization _____

Contact Person 1:

Name	Title	Phone	E-mail
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Contact Person 2:

Name	Title	Phone	E-mail
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Contact Person 3:

Name	Title	Phone	E-mail
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Purpose of Demonstration _____

Place _____

Date _____

Start Time _____ End Time _____

Estimated Attendance _____

Special Guests? (If so, please list them) _____

Set Up Requirements (speakers, band equipment, microphones...) _____

Has Tulane Public Safety been notified? _____

