

DEMONSTRATION REGISTRATION FORM (Print clearly and complete all sections)

Director, Office of Student Engageme	ent Vice	Provost for Student Affairs	3
Lehigh University Chief of Police	Dear 	n of Students	
This document must be complete returned to the Office of the Vice P			
Print Name Address/Pho	ne	Signature	Date
As a Lehigh student and representative of University property, I acknowledge the real and Dissent by Students found in the Students lead to a termination of the demonstration are intended to comprise a majority of the understand it, or its contents, must be shaded.	ceipt of the LU's Policy dent Handbook. I further ation, a prohibition of fut y costs related to the en, currently enrolled Lehe demonstration's atte	on Freedom of Thought, Inquested a calculustion activities, a common with the demonstration activities, a common while members of the high students are the primary indees. I have received a common the common activities and the primary indees.	uiry and Expression a abide by this policy and my organization LU community may event planners and
Non-Student Planners/Participants (Use back of form for additional names)	Name	Address	Phone
Student(s) in charge (Use back of form for additional names)	Name	Address	Phone
Equipment needed (amplified sounds	, chairs, etc.)		
Estimated number of participants			
Nature of/ Reason for Event			
Location or Route			
Date of Demonstration		Time Begin	End
Name of LU Sponsoring Organization	n (and Advisor)		
Name of demonstration or event			