



TOWN OF CHRISTIANSBURG

100 East Main Street
Christiansburg, VA 24073
Phone (540) 382-6128 Fax (540) 382-7338

Application for Picket/Demonstration Registration (10-24 Participants)

Applicant & Organization Name: _____ Phone: _____

Applicant's Address: _____ Email: _____

Person(s) in charge of event (if different than above) _____

*must be present at event at all times with approved registration Phone: _____

Email: _____

Date and Time of Start: _____

Date and Time of Termination: _____

Origin Point of Picket/Demonstration: _____

Termination Point of Picket/Demonstration: _____

Anticipated number of participants under the age of 18: _____

Please detail route of Picket/Demonstration: _____

Please describe type or purpose of Picket/Demonstration: _____

Anticipated number of persons participating in Picket/Demonstration _____

Remarks: _____

I ensure the above information is true. Picket/Demonstration will not occur until final approval has been given. Picketers will abide by the Code of the Town of Christiansburg, Virginia and allow free passage of other persons on the sidewalks and streets of the Town. Should any of the above information be incorrect or change, I will notify the Town of Christiansburg immediately. A copy of valid picture identification is required with the application.

_____ X _____
Date Applicant

Approval recommended / not recommended by Christiansburg Police Department.

_____ X _____
Date Police Chief / Officer

This form is approved / disapproved subject to the above information, all pertinent Town Ordinances, and any special provisions listed below. *Failure to comply with same shall be grounds for immediate revocation.*

Special provisions: _____

_____ X _____
Date Town Manager