



The City of
OKLAHOMA CITY

ASSEMBLY EVENT

Current date _____

Assembly title _____

Expected number of participants _____ Is this a procession? _____

Assembly coordinator(s) _____

Email address _____

Address _____ Phone _____

Primary contact(s) during event:

Name _____ Name _____

Phone _____ Phone _____

Email _____ Email _____

Assembly start: Day/Date _____ Time _____

Assembly end: Day/Date _____ Time _____

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

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

Assembly coordinator signature _____

Return to: Special Events – Public Information & Marketing, 200 N Walker, OKC, OK 73102

Email: specialevents@okc.gov Office: 405-297-2890 Fax: 405-297-3124

SPECIAL EVENTS OFFICE USE

Special Events Office signature _____ **Date** _____