

LOYOLA  
UNIVERSITY  
CHICAGO

**DEMONSTRATION NOTIFICATION**

\_\_\_\_\_  
*Title of Event*

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*Date of Event*

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Beginning Time*

\_\_\_\_\_  
*Completion Time*

\_\_\_\_\_  
*Sponsoring Organization(s)*

Event Description: (give specific details of all activities; only these activities will be considered for approval. **The event may be canceled if approved plans are not follows.**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*Signature of Registrant*

\_\_\_\_\_  
*Local Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Office of the Dean of Students*

\_\_\_\_\_  
*Date*

Please review the University Policy on Dissent. Excerpts are outlined on the reverse side of this form.