



**APPLICATION FORM FOR DEMONSTRATIONS,
RALLIES OR PICKETING**

Campbell County Health is a healthcare institution whose primary focus is to provide healthcare for the citizens of Campbell County and surrounding areas. The Hospital has established policies and procedures to safeguard the healthcare, protect individual and institutional rights and property, and ensure the safety of all members of the Hospital. Campbell County Health is a proponent of "Freedom of Speech", and encourages dialogue and differences of opinions and views.

PROCEDURES:

Please refer to the *Guidelines for Hospital Demonstrations*

This form must be completed and returned to the appropriate approving department no later than two (2) business days before the event is to occur.

GENERAL INFORMATION:

Sponsoring Organization: _____ Today's Date: _____

Event Contact Name: _____ Phone: _____ Email: _____

Purpose of Event: _____

Date of Event: _____ Times: (from/to) _____

Exact Location of Event (Include alternate if applicable): _____

How will this Event be advertised? _____

Detail whether or not you will use placards, banners or some other form of informational format to state your cause: _____

NOTIFICATIONS AND REVIEW APPROVAL: (FOR OFFICE USE ONLY)

The organization is responsible for receiving the approving signature, and then returning the form to either Hospital Security for final approval.

Hospital Security Evaluation/Recommendations: _____



Campbell County Health

Excellence Every Day

Acknowledge of Recommendations:

Yes I/We have read and agree to follow the *Guidelines for Hospital Demonstrations*, and I/we accept the Recommendations and authorize CCH to schedule supplemental security accordingly.

Signature of Authorized Representative: _____ Date: _____

No I/We have read and agree to follow the *Guidelines for Hospital Demonstrations*, but I/we do not accept the recommendations above. I/We accept all responsibility for all consequences result from the conduct of this event.

Signature of Authorized Representative: _____ Date: _____

For more information:

Call: 307.688.1551

Completed forms should be delivered to:

CCH Administration

501 S. Burma Ave. / P.O. Box 3011

Gillette, WY 82716 / 82717