



EVENT REQUEST FORM

Name of Event _____ Today's Date _____

Type of Event: Health Fair Civic Organization School Event Other: _____
(circle one) (be specific)

Site of Event: _____
(include street address, city, state)

Date of Event: _____ Expected # of Participants: _____ Time of Event: _____

Speaker Requested: Yes No Materials Needed: Brochures _____
(circle one) (include number) Promo Items _____

Organization Name: _____ Email: _____

Contact Name/Title: _____ Home Phone: (____) _____

Address: _____ Work Phone: (____) _____
(Street, P.O. Box)

_____, _____, _____
(City) (State) (Zip Code)

Questions: How did this organization hear about the LifePoint Public Education program?
 How long/often has this event been held?
 How many people attended the last event held?

OTHER NOTES:

(Information Below To be Completed by LifePoint Volunteer Coordinator)

Volunteers Contacted/Dates:

Notes:

Volunteers Confirmed:

Date of Confirmation to Event Coordinator:

Request Complete: