Neighborhood Health Event Request

Host Organization:_____

Event Name:_____ Event Date:_____

Event Duration:_____ Set-Up Time:_____

Event Address:_____

Event Contact Name:_____

Event Contact Email Address:_____

Event Contact Phone Number:_____

How many people are you expecting to attend?_____

Is your event indoors or outdoors? ☐ Indoors ☐ Outdoors

Who is your event aimed towards? ☐ Men ☐ Women ☐ Children ☐ All

Do you expect a large turnout of Spanish-speakers? ☐ Yes ☐ No

Please check the services you are requesting:

☐ Education ☐ Establish Appointments ☐ On-Site Clinical Services

Please check the equipment Neighborhood Health will need to provide:

☐ Table ☐ Chairs ☐ Canopy

Are you asking vendors to bring a raffle prize? If so, what? _____

What else do we need to know about your event?

_____

_____

_____

- Given our high demand we may not be able to attend events with less than 4-weeks' notice.
- Requests for on-site clinical services will only be considered when requested 90-days prior to event.
- Please email this form to Shauna Tucker (stucker@neighborhoodhealthtn.org) and Stephanie Adams (sadams@neighborhoodhealthtn.org)