



Request for Participation in Health Fairs and Community Events

Requests must be made at least 6-8 weeks in advance

Agency/Organization Name: _____

Contact person: _____ phone: _____

fax: _____ email: _____

Address/location of event: _____

Major cross streets: _____ Parking info: _____

Person to report to at event: _____ On-site phone/cell: _____

No. of people expected: _____ Age group: _____

Event date/time: _____

Items provided: _____ Table(s) _____ Chair(s) _____ Canopy _____ Other: _____

Requested screenings:

**Adults
(Women, Men and Seniors 21+)**

- Cholesterol
- Glucose
- Blood Pressure

**Children and Teens
(5-21)**

- Dental
- Weight (ideal body weight)
- Optional: Hearing only Wed for 2 hours

For internal Use:

Received on: _____ By: _____

Approved: _____ Denied: _____