

# Community Outreach Program Request Form



## Requestor Information

Organization Name: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Outreach Request Information

Event/Activity Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Event Start Time: \_\_\_\_\_  
Event End Time: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Event Setting: \_\_\_\_\_

Please select the type of outreach requested:

Request Description (Please briefly describe the information/services being requested):

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

Target Audience:    Seniors       Adults       Teens       Children       Infants  
Anticipated # of Attendees: \_\_\_\_\_

Do you provide any of the following? (Please select all that apply):

Table(s)       Chair(s)       Tent       Electric       A/V Equipment

***Please allow 6 weeks to process requests.  
Please direct all questions and completed forms to  
communitywellness@towerhealth.org***

FOR OFFICE USE ONLY	
Date Received: _____	Staff Attending: _____
Received By: _____	_____
Confirmed with Requesting Organization: _____	