

# Community Outreach Request Form



## Event Information

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Title/Role: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

## Event Details

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Type of Event (please select):      Health Fair      Presentation      Event      Special Service Request

Other: \_\_\_\_\_

Address of Event: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ Indoor/Outdoor Event: \_\_\_\_\_

Table Provided? \_\_\_\_\_ Chairs Provided? \_\_\_\_\_ Tent Provided? \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Is there a fee to participate? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Event Target Audience (please select):

Infants/Toddlers      Primary Grades (PreK-5th)      Secondary Grades (6th-12th)      Families

Seniors      Young Adults/College Age      Bilingual      Veterans      Community Partners

Males      Females      Special Population (please describe): \_\_\_\_\_

Special Requests: \_\_\_\_\_

## **Community Outreach Request Form Cont.**



Premier enjoys participating in community efforts to ensure everyone has access to affordable healthcare. We will make every effort to assist you with our participation or by providing health education material. By submitting this request, we will be able to determine whether we can commit to your event based on staff availability and event logistics.

If you have questions please contact Zenaida. If you would like Premier to present to your group, attend an event or provide one-on-one assistance, please complete the above form and return it to:

**Zenaida Amador**  
**Community Services Manager**  
[zamador@hcnetwork.org](mailto:zamador@hcnetwork.org)  
Ph: 352-518-2000 ext. 9505  
Fax: 352-567-8125