



Event Request Form

Date: _____

Event Information

Contact Name | _____
Contact Number | _____
Contact Email | _____
Affiliation: | _____
Event Name: | _____
Event Location: | _____

Type of Event (check all that apply):

- Community Information/Education Health Conference
 Church Fair March/Parade Other:

Requested Date: _____

Requested Time: _____

Requested Services from H2H (Check all that apply):

- STI Testing Outreach (# needed _____) Other: _____
 Information Booth Health Presentation

Will the event require the H2H mobile unit? (Please circle) Yes No

Will the following be provided at the venue? (Please circle)

- | | | | |
|-------------------------------|-----|----|-----------------|
| Private STI testing area | Yes | No | |
| Booth | Yes | No | |
| Chairs | Yes | No | |
| Parking space for mobile unit | Yes | No | |
| Parking space for H2H Staff | Yes | No | |
| Other | Yes | No | Describe: _____ |

Contact Signature

Date

Manager Approval

- Approved Rejected

Manager Signature

Date