

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: _____