



Columbus Health Department Health Fair Request Form

Contact Information

Today's Date _____

Please Check Box for Preferred Method of Contact

Company Representative: _____

Organization Name: _____

Organization Address: _____

City/State/Zip: _____

Authorized Signature: _____

Date: _____

Work #:	<input type="checkbox"/>
Cell #:	<input type="checkbox"/>
Home #:	<input type="checkbox"/>
Fax #:	<input type="checkbox"/>
E-mail:	<input type="checkbox"/>

Event Description

Event Date:	Day of Week:	Start Time:	End Time:
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Type of Activity: (Example: Safety Booth, Presentation, Health Fair, etc.): _____

Who is the target audience? _____ Gender: • Male • Female • Both

Target audience estimated #: _____ Age(s): (Circle all that apply) • 0-12 • 21-45 • 66 and over
• 13-20 • 46-65

Primary language of participants: _____ Will you be providing interpreters? • Yes • No

Event Address: _____
Street City State Zip

Indoors/ Outdoors: _____
Describe

Contact Person on Day of Event:	Phone / Cell#:
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Set-Up

What services are you requesting? _____

What services are you providing? (Examples: volunteers, other vendors, etc.) _____

What resources are you providing? <i>Check all that apply</i>	<input type="checkbox"/> Tables / • Skirting	<input type="checkbox"/> Electrical Outlets	<input type="checkbox"/> Chairs
	<input type="checkbox"/> Refreshments/Drinks	<input type="checkbox"/> Tents	<input type="checkbox"/> Vendors
	<input type="checkbox"/> Restrooms	<input type="checkbox"/> Audio/Visual Equipment	<input type="checkbox"/> Volunteer Meals
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Trash Receptacles	<input type="checkbox"/> Running Water

Is this event open to the general public? (Circle one) • Yes • No

What is the purpose of the event? _____

Will the Health Department be listed on the flyer or publicity? Yes No, please explain: _____

How does this event support the mission of Public Health? _____

**All event proposals must be submitted in writing 45 days prior to suggested event date. All requests will be reviewed and a response will be given within 10 business days from date of receipt.