



PLEASE RETURN 45 DAYS PRIOR TO REQUESTED DATE Date Submitted: _____

Please include a flyer for this event when you return or fax this form. Thank You. (856) 374-5100

REQUESTING AGENCY'S INFORMATION

Name of Contact: _____
Title of Contact: _____
Agency or Organization: _____
Address: _____
Telephone #: _____ Email: _____
Fax# : _____

EVENT INFORMATION

Name of Event: _____
Date: Rain/Alternate: _____
Time(s) during which the Van will be needed: _____
Location: _____
Address: _____
Outdoor event: [] Y [] N Indoor event: [] Y [] N
Requesting Van: [] Y [] N Is table Provided: [] Y [] N

To help us prepare for this event please answer the following:

- What is the purpose/goal of this event?
• What group(s) are being focused on at this event? (e.g. women and infants, children, teens, elderly, etc.)
• Besides English, what languages will be represented?
• How many people are expected to attend this event?
• What other agencies or organizations will be participating or are expected to attend?
• What types of outreach and/or advertising have been done in preparation for this event?
• Date by which we should confirm our participation in this event?