

PLEASE RETURN 45 DAYS PRIOR TO REQUESTED DATE

Email completed form to: **Koren.Norwood@camdencounty.com**
(856) 374-6035

REQUESTING AGENCY'S INFORMATION Date Submitted:

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

EVENT INFORMATION

Name of Event: Date Requested: Rain / Alternate Date:
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?