



Making It Better, Together.

The Camden County Health Connection Request Form

Please return 45 days prior to requested date

Date Submitted:

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 date:

Time(s) during which The Van will be needed:

Location:

Address:

Outdoor?

Indoor?

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

What is the purpose of this event?

What group or groups 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?

Please include a flyer for this event when you return or fax this form. Thank You

Fax: 856-374-6358



Making It Better, Together.