

**REQUEST FOR GCHD PARTICIPATION  
in HEALTH FAIRS and COMMUNITY EVENTS**

Event Date: \_\_\_\_\_

Event Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Purpose/Message: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

Requested Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

**Please fax to (409) 938-2239 Faxed on: \_\_\_\_\_ By: \_\_\_\_\_**

**FOR INTERNAL USE:**

Request Received on Date: \_\_\_\_\_ By: \_\_\_\_\_