

Division of Health Promotion

Community Outreach Event Request Form

The Fulton County Board of Health (BOH) Division of Health Promotion (DHP) participates in community outreach events throughout Fulton County to raise awareness on health issues related to adolescent health and youth development, chronic disease prevention, and childhood injury prevention. DPH's participation in community outreach events is contingent on the availability of staff and resources. Please complete and submit this form at least two (2) months prior to the event date. We will acknowledge the request within one (1) week of receipt. We will contact you to confirm or decline participation no later than one month before the event. Please email it to health.promotion@fultoncountyga.gov.

Please type or print clearly

Organization _____	Event Name _____
Event Date(s) _____	
Event Start Time _____ Event End Time _____	
Set-up Time _____ Break-down Time _____	
Facility Name _____	
Address _____ City _____ Zip Code _____	
Fulton County Commission District (Circle One) 1 2 3 4 5 6 7	
Is this the first time you have sponsored this event? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, No. of Times _____	
Will event be held indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
Describe Venue Set-up _____	
Expected Number of Attendees: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> >200	
How have you advertised for this event? _____	
Description of Event (Purpose, Target Audience, Theme, etc.) _____	
Description of Services Requested _____	
List of other Participants/Vendors _____	
Requestor Information	
Event Coordinator Name _____	
Contact Phone Number _____	
Contact E-Mail _____	Fax Number _____
Official Use Only	
DHP Request(s)	
Chairs _____	Projector Screen _____
Tables _____	Wi-fi/Internet _____
Tent _____	Television w/DVD player _____
Projector _____	Electricity _____
Date Received: _____	
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____	
Staff Assigned: 1) _____ 2) _____ 3) _____	
Health Topics/Programs to Focus: _____	
Sending Educational Materials: Yes <input type="checkbox"/> No <input type="checkbox"/>	