



Florida Department of Health in Hillsborough County
Division of Disease Control
Community Event Request Form
Please return completed form by:

E-mail: Jylmarie.Lewis@FLHealth.gov | Fax: 813-975-2014

1. Organization's Name: _____
2. Name of the Event (if applicable): _____
3. Event's Date: _____ Event's Hours: _____
4. Event's Address: _____
5. City: _____ Zip Code: _____
6. Estimated # participants: _____
7. Name of the Organizer/Point of Contact: _____
8. Point of Contact's Telephone Number(s): _____
9. Nature of the Event (presentation, testing, screenings, education, etc.):

10. What topics would you like discussed? Check all that apply.

- HIV STD Immunizations Refugee Health TB

11. Would you like any health services to be provided? Yes No

- If yes, please check all that apply: HIV Screening STD Screening
 TB Screening Immunizations

12. Would you like educational materials to be provided at the event?

- Yes No

13. What resources can be provided by the organizer? Only check what is applicable for your event. Write the **quantity** of tables, chairs, tents, canopies, and/or fans the organizer can provide, if applicable (e.g. **x_2**).

- Electric Power Tables **x_____** Water Ice
 Tent/Canopy **x_____** Chairs **x_____** Screen Fans **x_____**
 Computer/Laptop Food Projector Screen