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 (indoor/outdoor, audience, education, services, 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____ ☐ Ice
    ☐ Water
    ☐ Tent/Canopy x___ ☐ Chairs x____ ☐ Food ☐ Fans x____

    ☐ Computer/Laptop ☐ Projector ☐ Screen ☐ Restroom