



**Florida Department of Health in Hillsborough County
Community Event Request Form**

Please return completed form by:

E-mail: Hillscommunityeventrequests@flhealth.gov

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 Other _____

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____ Food Fans x____
 Computer/Laptop Projector Screen Restroom