



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