



**Division of Health Promotion  
Community Outreach Event Request Form**

The 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 unintentional injury prevention. DHP's participation in outreach events is contingent on the availability of staff and resources. Please submit this form to [health.promotion@fultoncountyga.gov](mailto:health.promotion@fultoncountyga.gov) 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.

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 _____			
<b>Requestor Information</b>			
Event Coordinator Name _____			
Contact Phone Number _____			
Contact E-Mail _____		Fax Number _____	
<b>Official Use Only</b>			
<b>DHP Request(s)</b>			
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"/>			