 

Community Outreach

Event Request Form

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| **Event Name** |  | | | | | | | | |
| **Event Address** |  | | | | | | | | |
| **Event is:** | ⬜ Outside ⬜ Inside | | | | | | **Ward** | |  |
| **Event Date** |  | | **Start**  **Time** | | |  | **End**  **Time** | |  |
| **Event**  **Contact** |  | | **Contact**  **Position** | | |  | | | |
| **Contact**  **Phone** |  | | **Contact**  **Email** | | |  | | | |
| **Event Type** |  | Community Meeting |  | Information Fair | | |  | Training | |
|  | Panel Discussion |  | Exercise/Fitness | | |  | Other | |
| **Type of**  **Audience** |  | Senior |  | Youth | | |  | Government | |
|  | Private Sector |  | Persons with  Disabilities | | |  | Non-English or limited English Speaking | |
|  | Other: | | | | | | | |
| **Expected Audience Size** |  | | | | | | | | |
| **Translation Services Available** |  | Amharic |  | | Chinese  ⬜ Mandarin  ⬜ Cantonese | |  | French | |
|  | Korean |  | | Spanish | |  | Vietnamese | |
| **Resources Provided by Requestor** |  | Tables (No. ) |  | | DVD/VCR | |  | Laptop | |
|  | Chairs (No. ) |  | | TV | |  | Projector | |
|  | Other: | | | | | | | |
| **Comments** |  | | | | | | | | |
| **Completed forms can be mailed or emailed.**  **Email:** [**ronald.king@dc.gov**](mailto:ronald.king@dc.gov)**,** [**robert.mayfield@dc.gov**](mailto:robert.mayfield@dc.gov) **or** [**ivan.torres@dc.gov**](mailto:ivan.torres@dc.gov) **Government of the District of Columbia DC Health 899 North Capitol Street, NE Washington, DC 20002-4263** | | | | | | | | | |