

# Event Participation Request

Date	Originator	Originator Title	Agent Writing Number
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## Organization Information

Status:  New  Existing Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Type:  Community Based (CBO)  Food Bank/Pantry  Senior Building  Faith-Based (FBO)  
 Provider Office  CEDA  Retail Store  Other: \_\_\_\_\_

## Activity Information

Activity Name: \_\_\_\_\_

Activity Location: \_\_\_\_\_

Activity Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Activity Main Contact \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Activity Date:				
Set-up Time:				
Start Time:				
End Time:				
Host BC:				
Co-Host BC:				
Event Code:				

Activity Type	Activity Classification	Event Type
<input type="checkbox"/> Onsite <input type="checkbox"/> Event <input type="checkbox"/> Volunteer	<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Educational	<input type="checkbox"/> Community-Based <input type="checkbox"/> Retail Store <input type="checkbox"/> Provider Office <input type="checkbox"/> CEDA <input type="checkbox"/> Faith-Based <input type="checkbox"/> Health Fair/Expo <input type="checkbox"/> Food Bank/Pantry <input type="checkbox"/> Senior Building <input type="checkbox"/> Other: _____

Language(s)	Location at Site	Supplies Needed
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Indoor (Site Supplied Booth) <input type="checkbox"/> Outdoor <input type="checkbox"/> Outdoor (Site Supplied Booth)	<input type="checkbox"/> 4' Tables # _____ <input type="checkbox"/> 6' Tables # _____ <input type="checkbox"/> Spin Wheel <input type="checkbox"/> Swag Items (Order Form Req.) <input type="checkbox"/> Chairs # _____ <input type="checkbox"/> Tent # _____ <input type="checkbox"/> Zing Van

Fee(s)	Notes
<input type="checkbox"/> Booth Fee \$ _____ <input type="checkbox"/> Sponsor Fee \$ _____	

Initials	Terms and Conditions
	I give permission for Zing Health to be onsite at the above listed location on the specified date(s) and time(s).
	Zing Health's name or logo cannot appear on any promotional material or sites (including social media) unless approved in writing by Zing Health.
	I certify that the aforementioned constitutes a formal agreement that may be modified at any time by my organization and/or Zing Health in writing.

Organization's Authorized Signature	Date	Zing Health's Rep. Authorized Signature	Date
Zing Health Manager's Signature	Date	Project Coordinator's Signature	Date

Activity Date:				
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Start Time:				
End Time:				
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