**Community Health Fair**

**Request Form**

**Please select from the following topics. Requests met on staff availability. There is no cost for services. Donations appreciated.**

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check One:** Indoor Health Fair: \_\_\_\_\_\_\_\_\_\_\_\_ Outdoor Health Fair: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and return to Araceli Rivas at

arivas@elkhartcounty.com or fax: (574) 523-2158.

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| HEALTH EDUCATION   * Alcohol and Other Drugs * Benefits of Sleep * Handwashing * Emergency Preparedness * Exercise * Mental Health * Nutrition * Poison Safety/Poison Look-A-Like * Sexually Transmitted Infections * Stress   SAFE KIDS ELKHART COUNTY   * Car Seats/Booster Seats * Home Alone Safety * Pedestrian/Wheel Safety * Train Safety   TOBACCO CONTROL   * Tobacco Education   Health Effects/Secondhand Smoke  E-Cigarettes &Vaping   * Tobacco Cessation   1-800-QUIT NOW  OTHER TOPIC AS REQUESTED   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NEED SPANISH TRANSLATOR |  |
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