**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 SmokeE-Cigarettes &Vaping * Tobacco Cessation

1-800-QUIT NOWOTHER TOPIC AS REQUESTED* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NEED SPANISH TRANSLATOR
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