



## Event Request Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency name: \_\_\_\_\_

Site contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

### Preferred workshop(s) and dates/times to hold workshop(s):

Event: \_\_\_\_\_

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

Which BOUNCE workshop are you requesting for:

- Nutrition Ambassador Program
- 5K Fun Run/Walk
- Health Fair Workshop Specify: \_\_\_\_\_
- Health Fair Tabling Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

First choice date: \_\_\_\_\_ Time: \_\_\_\_\_

Second choice date: \_\_\_\_\_ Time: \_\_\_\_\_

Will this be a reoccurring event? \_\_\_\_\_yes \_\_\_\_\_no

➤ If so, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Audience Information:

Projected number of adults: \_\_\_\_\_ Preferred language spoken: \_\_\_\_\_

General demographics of participants (gender/age/ social economic status): \_\_\_\_\_

\_\_\_\_\_

Projected number of children: \_\_\_\_\_ Day care needed: \_\_\_\_\_yes \_\_\_\_\_no

**Please provide details regarding the room or area to of event:**

1. What room will the event take place in: \_\_\_\_\_
2. Are there tables & chairs available? \_\_\_\_yes \_\_\_\_ no -If yes how many?\_\_\_\_tables\_\_\_\_chairs
3. Is there a sink/kitchen space available? \_\_\_\_\_yes \_\_\_\_\_no
4. Storage area for equipment is preferred, not necessary. Is there storage available? \_\_\_\_yes \_\_\_\_no
5. Is there a projector available for use? \_\_\_\_\_yes \_\_\_\_\_no
6. Is there a laptop available for use? \_\_\_\_\_yes \_\_\_\_\_no
7. Is there WiFi capability? \_\_\_\_yes \_\_\_\_no
8. Will we be provided the WiFi password? \_\_\_\_yes \_\_\_\_no
9. Is there a sound system + mic available for our use? \_\_\_\_\_yes \_\_\_\_\_no
10. Specific instructions about parking \_\_\_\_\_  
\_\_\_\_\_

**Please respond to the following questions regarding how you plan to promote/recruit your event:**

1. Will flyers be distributed? \_\_\_\_\_yes \_\_\_\_\_no  
➤ If so, how? \_\_\_\_\_
2. Will printed flyers be needed from us? \_\_\_\_\_yes \_\_\_\_\_no
3. Will potential participants be contact via phone? \_\_\_\_\_yes \_\_\_\_\_no
4. Are there any additional steps we need to take in?  
\_\_\_\_\_

Additional Comments:

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(Print Name)

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(Date)

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(Signature)

Thank you for taking the time and interest to complete this request form. Please email it to [bounce@central.uh.edu](mailto:bounce@central.uh.edu). We will review the request form and contact you as soon as possible.

If you have any questions, please call the BOUNCE office Monday through Friday from 9:00 AM to 3:00 PM at (832) 842-5921.