

Ulster County Department of Health: Community Event Participation Request

Please complete and E-mail (or fax or mail) this form, at least one month in advance, to healthed@co.ulster.ny.us

Date of Event (MM/DD/YYYY):

Event **Start Time** (00:00): AM PM

Event **End Time** (00:00): AM PM

Event **Setup Time** (00:00): AM PM

Timeframe you are requesting for UCDOH to attend:

FROM AM PM TO AM PM

Type of Event (Health Fair, Comm. Festival, School Program, etc.):

If there is a registration fee, can it be waived? Yes No If no, how much is it?

Event Name:

Event Sponsor:

Event Location (complete street address with City/Town, State and Zip Code):

Contact Person

Name:

Phone:

Mobile Phone:

E-mail:

Is this a first-time event: Yes No

If yes, approximately how many people do you expect to attend the event?

If no, how many people attended the event last year?

What is the main focus/subject/goal of this event?

Who is your target audience for this event (please select from below)?

Pre-K	K-12 grade	9-12 th grade	Older Adult
K-2 nd grade	3-5 th grade	College Student	Other
K-6 th grade	6-8 th grade	Adult	Specify:

Will chairs and tables be provided for presenters? Yes No

Will access to electricity be provided? Yes No

Will complimentary food and beverages be provided to presenters? Yes No

What topic(s) or activities would you like the Department of Health to offer at your event (please select up to three topics below):

Smoking Cessation/Prevention

Cancer Detection and Prevention

Lyme Disease

Healthy Eating

Heart Disease

Communicable Diseases Specify:

Immunizations

Exercise and Physical Activity

Asthma

Radon/Indoor Air Quality/Healthy Homes

Lead Poisoning Prevention

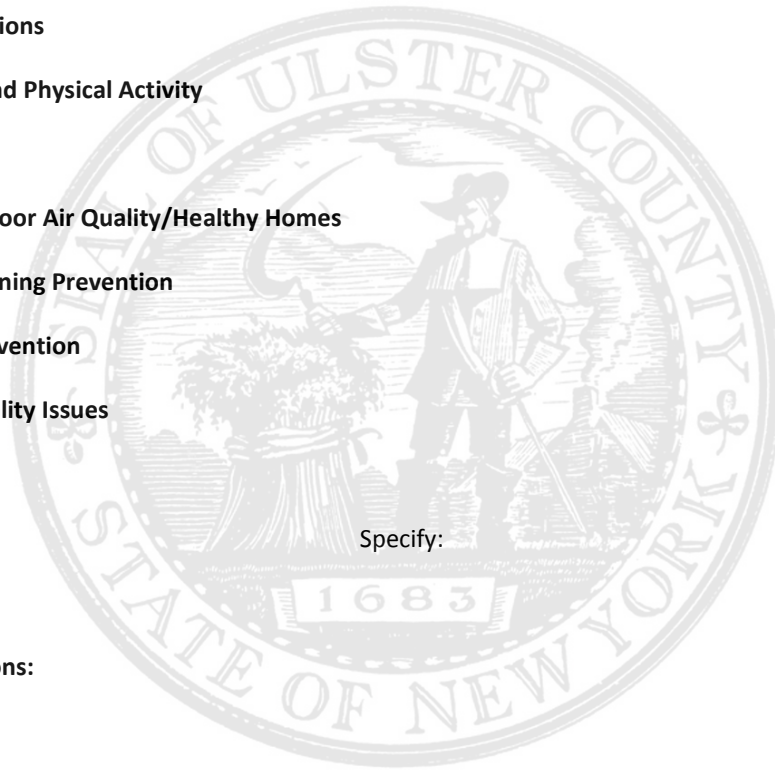
Rabies Prevention

Water Quality Issues

Hygiene

Other Specify:

Comments/Questions:



NOTE:

- This is a writeable PDF form. Please fill in each text box and check box , with the appropriate information. When complete, "Save As" a new file name and E-mail to healthed@co.ulster.ny.us You may also fax or mail it to us.
- Please feel free to E-mail or call us if you have any additional questions and/or would like to discuss your program (or our participation/resource capabilities) further.

Thank You. Your request will be reviewed and carefully evaluated. You can expect to be contacted within 5 days of receipt.

**Ulster County Department of Health
Attn: Health Education Unit
239 Golden Hill Lane
Kingston, NY 12401**

www.UlsterCountyNY.gov/Health

**Phone: (845) 334-5527
Fax: (845) 334-8337**

