



Request for HHC Participation in Community Health Promotion Event

Your name: _____

Date of Request: (today's date) _____

Name of Sponsor: _____

Address: _____

Telephone: _____

E-mail: _____

Name of Event: _____

Date of Event: _____

Time: From: _____ a.m./p.m. To: _____ a.m./p.m.

Address of Event (if different): _____

Type of information wanted: (check all appropriate)

- ☐ General information about HHC programs and services
- ☐ Specific program info. (name program) _____
- ☐ Puppet show
- ☐ Food-stamps pre-registration
- ☐ Other (be specific) _____

Language spoken at event:

- ☐ English
- ☐ Spanish
- ☐ Both