



## Request for Participation in a Community Event

**Prince William  
Health District**

Requesting Organization / Agency Information			
<b>Today's Date:</b>			
<b>Organization:</b>			
<b>Contact Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Phone:</b>	<b>Website:</b>
Event or Activity Information			
<b>Event or Activity Name:</b>			
<b>Facility Name and Location:</b>			
<b>Event Begin Date/Time:</b>		<b>Event End Date/Time:</b>	
<b>Population Being Served (children, seniors, etc.):</b>		<b>Approximate # of People to be Served:</b>	
<b>Description of Event:</b>			
<b>Description of Desired Activities/ Information to be Provided by PWHD:</b>			
<b>Representative who PWHD Staff will be Reporting to at Event:</b>		<b>Contact Information:</b>	
<b>How Has this Event Been Publicized?</b>			
<b>Is this a Recurring Event?</b>		<b>Has the PWHD Participated in this Event in the Past?</b>	
<b>How Did You Hear About PWHD?</b>			
<b>Additional Information:</b>			

**Event Organizer:** Please complete the document and submit it to [PrinceWilliamMRC@VDH.Virginia.gov](mailto:PrinceWilliamMRC@VDH.Virginia.gov). We recommend submitting this form a minimum of four weeks prior to the event start date. Thank you for considering the Prince William Health District (PWHD) in planning for your event.