[ ] [ ]



Outdoor

Indoor

**Venue Details**

**Display Request Form**

Phone: 905-451-2123 Fax: 905-451-6975

Email: displayrequests@cmhapeel.ca

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|  |  |
| --- | --- |
| **Date of Request** | Click here to enter a date. |

|  |  |
| --- | --- |
| **Organization/Agency Name** |  |
| **No. of Employees/Attendees** |  |
| **Event Name** |  |
| **Event Description** |  |
| **Event Date** |  |
| **Event Time** | **Start** |  | **AM** | **[ ]**  | **PM** | **[ ]**  | **Finish** |  | **AM** | **[ ]**  | **PM** | **[ ]**  |
| **Event Address** |  |
| **Your donations help us increase awareness and better serve people experiencing mental health issues in our community. Donate today and make someone’s today better than yesterday. Your vital donations change lives.****[ ]  $50** **[ ]  $100** **[ ]  $250** **[ ]  Other:**  |
| **Venue Details** |
| **Indoor** | **[ ]**  | **Outdoor** | **[ ]**  | **Table** | **[ ]**  | **Chair(s) Suppl’s?** | **[x]**  | **Canopy Suppl’d?** | **[ ]**  |

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| --- |
| **Pre-Event Contact Details** |
| **Surname** |  | **First Name** |  |
| **Email** |  | **Phone** |  |
| **During Event Contact Details** |
| **Surname** |  | **First Name** |  |
| **Email** |  | **Phone** |  |

|  |
| --- |
| **Event Documentation Details** |
| **Registration Forms Req’d** | **Yes** | **[ ]**  | **No** | **[ ]**  | **Attached** | **Yes** | **[ ]**  | **No** | **[ ]**  |
| **Insurance Req’d** | **Yes** | **[ ]**  | **No** | **[ ]**  | **Due Date** | Click here to enter a date. |
| **Cost** | **Yes** | **[ ]**  | **No** | **[ ]**  | **Amount** | **$**  |

|  |  |
| --- | --- |
| **Language Specifications** (accommodated when resources permit) |  |

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| **How did you hear about us?** |
| **Client** | **[ ]**  | **Word of Mouth** | **[ ]**  | **Presentn** | **[ ]**  | **Display** | **[ ]**  | **Quick Guides** | **[ ]**  | **Other/State** |  |