



Community Event Request Form

Event Name: _____

Date: _____ Time: _____

Location: _____

Event Coordinator Contact Name: _____

Phone: _____ Cell: _____ E-mail: _____

On-Site Contact Name: _____ Cell Phone: _____

Number of Anticipated Participants: _____ Age range: _____

Estimated Number of Attendees: % Children _____ % Adults _____ % Seniors _____

Will There Be Security? Yes No

Do Our Volunteers Need ID/Badges? Yes No

Is there a Specific Area for Volunteer Registration? Yes No

If Yes, Where? _____

Will Our Volunteers Have Assigned Parking? Yes No

Can We Have Information Tables Inside? Yes No Outside? Yes No

Are There Banner/Sign Restrictions (i.e. size, location)? Yes No

If Yes, Explain _____

Are you requesting program materials for this event? If so, which ones?

- Razzle Dazzle Smiles for Life™* - Two part program for seniors and caregivers
- Brush-A-Thon®* - Interactive children's oral health education
- "Mouth-Body Link™"*- Adult education presentations. English or Spanish _____

* Requires NDA-trained Oral Health professional

Are you requesting audiovisual materials for this event? If so, which ones?

- Links to Healthy Smiles
- Dr. Rabbit and the Tooth Defenders
- Dr. Rabbit and the Legend of Tooth Kingdom
- Colgate Bright Smiles Bright Futures

_____ Pamphlets/Brochures _____ Donated dental products (toothbrushes, toothpaste, etc.)

Children _____ # Adults _____

Shipping Address: _____

Please e-mail (preferred) or fax this form back to Dr. Nicole Cheek at ncheek@ndaonline.org or 240.297.9181