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 ☐

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 ☐

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