Wellness Event Request Form

For multiple requests please complete a separate form for each event. Email the completed form to Wellness by Clicking the Submit Form button at the bottom of the page. Please submit requests 4-6 weeks prior to the requested event date to allow time for processing.

REQUESTOR INFORMATION	
Agency :	Other
Primary Contact Name :	
Phone Number :	( )
Extension # :	
Email :	
Work Location Address :	
Work Location City :	
Work Location ZIP Code :	
Alternate Contact Name :	
Alternate Phone Number :	( )
Alternate Extension # :	
Alternate Email :	
EVENT INFORMATION	
Name of Requested Event :	
Event Location Address :	
Reserved Room/Space :	
City, ZIP Code, & County :	
Open or Closed Event : Please note: open events will be published in the Monthly WellNEWS and posted online for other agencies to participate	◉ Open ○ Closed ○ Not Sure
Requested Date :	
Requested Time :	
Requested Length of Event :	4 Hours
Expected Participants :	25-50
Other Information/Comments :	

Submit Form