



Request for Community Health Screening Event

Today's Date _____

Organization _____

(address) (zip) (phone)

Contact Person _____
(name) (phone) (email)

Date of Event _____ Time from _____ to _____

Space is Inside _____ or Outside: _____ Covered ___ or Uncovered _____

Prior Events _____ # of years. Last year's attendance _____. **Expected attendance** _____

Are funds available to reimburse cost of health screenings?

___ Personnel - full screening 2 hours/\$500.00

___ Supplies - minimum \$50.00 up to 100 screenings
plus \$50.00 per additional 100 screenings

Name of Event (if applicable) _____

Place/Location _____
Address Zip

Set-up information _____ Table/Chairs Y or N

What other organizations will perform health screenings?

Additional Comments:

**A written request must be sent to CHIPS at least one month prior to the event.
Please fax to CHIPS at 314-533-5430 or email to ptalley@chipsstl.org**

CHIPS APPROVAL REQUIRED

Date Received _____

Date Confirmed by CHIPS _____

Outreach Manager _____