

Today's	Date:	
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Thank you for your interest in having Families First participate in your event.

Please note that Families First requests a four-week notice of the event to schedule participation.

Unfortunately, we may not be able to fulfill every request due to availability.

Thank you for understanding.

How did you hear about Families First?

TV	Social Media	Word of Mouth	Online:	Other:									
CONTA	CONTACT INFO:												
Organization Name:													
Address:													
Organization Contact Person Name:													
Email: Phone #:													
EVENT:													
Name o	of Event:		Event Date:										
Event Contact Person Name:													
Event Location/Address:													
Special Location Instructions (door entry, parking, etc.)													
Indoor / Outdoor Contingency Plan for Inclement Weather:													
Start Ti	ime:	 End Time:		Set-Up Times:									
	Email:		Phone a	# :									

Type of Event (circle one): Health Fair / Community Fair / Speaker Request / Conference

Description / Mission of Event:								
How would you like Fan	nilies First to Par	rticipate at your	event?					
*If Speaker Inqui	Classroom	Thea	ater	Panel				
Expected Number of Att	endees:		Target A	\ges:				
Target Audience: Mer	Women	Children Fa	amily Old	ler Adults	Professionals			
What is Provided:								
Table and Size # Chairs Cand		Canopy	# Meals		Free Parking			
Power	Wifi	Projector	Screen	Comp	outer			
Is there a charge to Part	ticipate: N	Y	Cost: \$					
Certificate of Insurance	Required Y_	N						
Has Families First participated before? N Unknown Y Date:								
Promotion/Advertising	Planned							
Media Coverage: Y / N _								
Will there be "VIP's" in a	ttendance? Nar	nes						
Any other relevant infor	mation:							

Thank you for inviting Families First to participate in your event.

Please e-mail the completed inquiry form to info@familiesfirstindiana.org.