



# Champaign-Urbana Public Health District Outreach Event Request

## Organizer Name and Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Event name: \_\_\_\_\_ Event date/time: \_\_\_\_\_

Event address/location: \_\_\_\_\_

## Expected Audience Numbers:

Youth/students (ages 0–21): \_\_\_\_\_ Adults: \_\_\_\_\_

## Target population(s) (*check all that apply*):

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Low-income | <input type="checkbox"/> Lives in rural areas               | <input type="checkbox"/> Disabled        |
| <input type="checkbox"/> Minorities | <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Children   | <input type="checkbox"/> Refugees/immigrants                | <input type="checkbox"/> Women           |

**Please describe the communities/neighborhoods the event will target (*i.e., schools, churches, housing, youth groups, etc.*):**

## Please specify any/all language(s):

Spanish       French       Other: \_\_\_\_\_

## Requested CUPHD resources (*check all that apply*):

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Swag              | <input type="checkbox"/> Flyers      | <input type="checkbox"/> WIC/nutrition | <input type="checkbox"/> Sexual health/family planning |
| <input type="checkbox"/> Lactation Station | <input type="checkbox"/> Mobile unit | <input type="checkbox"/> Other: _____  |  |

**Will tables and chairs be provided?**

Yes       No

**Will the media be present at the event (TV, radio, newspaper, etc.)?**

Yes       No

If yes, please specify who: \_\_\_\_\_

**Organizer's plans for marketing/promoting the event (please check all that apply):**

**NOTE TO ORGANIZER: Please attach any event promotional materials to this form by clicking the button to the left.**

*Traditional media*

Organization website       TV       Radio       Newspaper

*Social media*

Facebook       Instagram       YouTube       TikTok

Other media: \_\_\_\_\_

**Signature:** \_\_\_\_\_

*(NOTE: This form will not be editable once signed.)*

When complete, email this form and any attachments to Program Coordinator Karen Gehrt at [kgehart@c-uphd.org](mailto:kgehart@c-uphd.org). For questions, contact Karen via email or call 217-531-5356.