

Date	Originator	Originator Title	Agent Writing Number

Organization Information

Status	Organization ID	Organization Name			
<input type="checkbox"/> New <input type="checkbox"/> Existing					
Address		City	State	Zip Code	County
Main Contact	Title	Phone	Email Address		
Organization Type:					
<input type="checkbox"/> Faith-Based Organization (FBO)		<input type="checkbox"/> Community-Based Organization (CBO)		<input type="checkbox"/> Retail Store	
<input type="checkbox"/> Senior Building		<input type="checkbox"/> Doctor's Office		<input type="checkbox"/> Food Bank/Pantry	
<input type="checkbox"/> CEDA		<input type="checkbox"/> Other: _____			

Activity Information

Activity Name					
Activity Site Address		City	State	Zip Code	County
Activity Main Contact	Title	Phone	Email Address		
Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					
Activity Type		Activity Classification		Target Population	Estimated Attendees
<input type="checkbox"/> Onsite <input type="checkbox"/> Event <input type="checkbox"/> Other		<input type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Educational			
Language(s)	Building Type	Location at Site		Supplies Needed	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Church <input type="checkbox"/> Community Center <input type="checkbox"/> School/University <input type="checkbox"/> Other: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Indoor (Site supplied booth) <input type="checkbox"/> Outdoor <input type="checkbox"/> Outdoor (Site supplied booth)		<input type="checkbox"/> 4' Tables #____ 6' Tables #____ <input type="checkbox"/> Chairs #____ <input type="checkbox"/> Tent #____ <input type="checkbox"/> Specialty Supplies (Order Form Req.)	
Additional Notes					

Organization Initials	Terms and Conditions			
	I give permission for Zing Health to be onsite at the above listed location on the specified date(s) and time(s).			
	Zing Health's name and/or logo cannot appear on or in any flier or promotional materials unless approved in writing by Zing Health.			
Organization's Authorized Signature		Date	Zing Health's Rep. Authorized Signature	Date
Zing Health Manager's Signature		Date	Project Coordinator's Signature	Date

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					

Activity Date					
Set-Up Time					
Start Time					
End Time					
Host BC					
Co-Host BC(s)					
Event Code					