

Nutrition Services Event Request Form



Thank you for requesting Nutrition Services participation in your event. Our mission is to promote healthy eating & physical activity to reduce chronic disease and improve long-term health. We hope you'll support this misson by creating a healthy community event.

Today's Date:

Your Name:

Organization:

Your Phone:

Your Email: _____

Date of Event	
Name of Event	
Start and End Time of Event	
Set up Time	
Location - Name of site, exact address and city	
Will the event be held outside or inside?	
Will chairs and tables be provided? Canopy if outside?	
Objective of Event	
Who will attend? (Students, families, seniors, languages)	
# of participants expected	
Will you be serving food and beverages? If so, we ask you to agree to the following: (check boxes)	We will not serve sugary beverages (such as soda, sport, punch or energy drinks) We agree to provide healthy food and beverage options
Your request?	(Options may include a health fair booth, nutrition class or workshop and/or educational materials)
Please fill in all information and email to <u>dale.murai@acgov.org</u> or call 510-268-4221.	
We will respond within 7 days of request receipt. Alameda County Public Health Nutrition Services • 3600 Telegraph Ave. • Oakland, CA 94609 • 510-268-4220 • <u>www.healthylivingforlife.org</u> For CalFresh information, call 1-800-870-3663	
Funded by USDA SNAP, an equal opportunity provider and employer. Visit www.CaChampionsForChange.net for healthy tips.	