



OUTREACH EVENT REQUEST

Type of Volunteer: Table DAT Pet Therapy

Event/Program Name: _____

Type of event/program: _____

Location: _____

Date of event: _____

Time: _____

Contact person & contact details: _____

Special Parking requirements: No Yes _____

What materials are needed: Marketing cart Board Other: _____

Do we bring: Table Chairs Tent They provide

Is event: Inside Outside

If bringing animals, where will they be placed? i.e.: Will there be shade? _____ Grass? _____

Proximity to music? _____

Who will the SHS representative be: _____

If Pet Therapy * – additional information needed:

Type of facility & approximate number of people involved: _____

If event involves children:

Approximately how many children will be present? _____

What is the age range of children involved? _____

Number of adults present? _____

Type of program (i.e., reading, Humane Education, etc.) _____

Best day/time to visit (if not specifically scheduled event/program)? _____

