



Saving Lives

Advocating for Healthier Families and Communities Through Faith



Activity Request Form (please submit three months in advance of scheduled program)

Requestor Name:	
Phone Number:	
Organization/Event Address:	
Activity:	<ul style="list-style-type: none"><input type="radio"/> Speaker Request<input type="radio"/> Tool Kit: _____<input type="radio"/> Health Screening<input type="radio"/> Other: _____
Date:	
Time:	
Expected Attendance:	
Purpose of Activity:	
Plans for Promoting Events:	
Supplies Needed:	
Other:	

*Email completed form to cnagomo@ua.edu