Valley Baptist Health System

Health Fair and Event Request Form

Date of Request:	
Requestor:	
Title:	
Name of Organization:	
Alternate Contact Person:	
Phone Number:	
Fax (optional):	
Cell Phone/Pager:	
Email Address:	
Mailing Address	
Street Address:	
City:	
State:	
Zip Code:	
Event Information	
Name of Event:	
Date of Event:	
Time of Event:	
Title of Event:	
Address of Event:	
Audience Demographics	
Number Anticipated:	
Age:	
Type of Audience:	
Grade Level (if student):	
Audience Profile:	

Other information that will assist in preparing for the event:

Please fax completed form to Denise Meyners at (956) 389-1915, or email to denise.meyners@valleybaptist.net