

**Proposed Event Form**  
**(CORRECTION: Minority Health Month Activity Sheet in MHGM)**

April \_\_\_\_ (Year)

Please note that the information listed on this page will be the information used to print the statewide calendar of events. All dates, times and locations will be verified prior to printing, but please be specific with the information provided. **NOTE: TBA is not an acceptable response on this section. All information must be filled in and accurate. Please be aware of Spring Break or Holiday Schedules if you are targeting the school system or planning an event at a school. The proposed activities must be held on separate days. **Complete one form per event.****

**Please do not leave any blank spaces USE SEPARATE SHEET IF NECESSARY**

Agency Name					
City		County		Proposed number of participants to be served:	
Contact Person		Contact Person's Telephone Number (Must not be a home No.)		Contact Person's Email	
Date of Proposed Event. (List each event on separate forms)	Summary of activity/event  Provide a brief, detailed summary of your event. This info will be listed in the current calendar. <b>30 word limit. Use complete sentences. 3 lines maximum.</b>			Location event will be held (list name of facility, address, city, phone number to be used by the public)	Time event will be held (list each event separately)
	Event Name: _____  Summary:				

Please note that retail sale of products is prohibited at these events.

Executive Director Signature: \_\_\_\_\_