



Community Event Request Form

Event Name: _____

Date: _____

Time: _____

Location: _____

Event Coordinator Contact Name: _____

Phone: _____ Cell: _____ E-mail: _____

On-Site Contact Name: _____ Cell Phone: _____

Number of Anticipated Participants: _____ Age range: _____

Will There Be Security? Yes ☐ No ☐

Do Our Volunteers Need ID/Badges? Yes ☐ No ☐

Is there a Specific Area for Volunteer Registration? Yes ☐ No ☐

If Yes, Where? _____

Will Our Volunteers Have Assigned Parking? Yes ☐ No ☐

Can We Have Information Tables Inside? Yes ☐ No ☐ Outside? Yes ☐ No ☐

Are There Banner/Sign Restrictions (i.e. size, location)? Yes ☐ No ☐

If Yes, Explain _____

Are you requesting program materials for this event? If so, which ones?

- ☐ Razzle Dazzle Smiles for Life™* - Two part program for seniors and caregivers
- ☐ Brush-A-Thon©* – Interactive children's oral health education
- ☐ "Mouth-Body Link™"*- Adult education presentations. English or Spanish _____

* Requires NDA-trained Oral Health professional

Are you requesting audiovisual materials for this event? If so, which ones?

- ☐ Links to Healthy Smiles
- ☐ Dr. Rabbit and the Tooth Defenders
- ☐ Dr. Rabbit and the Legend of Tooth Kingdom
- ☐ Colgate Bright Smiles Bright Futures

Please fax or e-mail this form back to Dr. Nicole Cheek Cranston at 240.297.9181 or ncranston@ndaonline.org