Nutrition Services Event Request Form

Thank you for requesting Nutrition Services participation in your event. Our mission is to promote healthy eating & physical activity to reduce chronic disease and improve long-term health. We hope you’ll support this mission by creating a healthy community event.

Today's Date: ______________________

Your Name: ________________________ Organization: ________________________

Your Phone: ________________________ Your Email: ________________________

Date of Event

Start and End Time of Event

Location of Event
(exact address and city)

Will the event be held outside or inside?

Objective of Event

Characteristics of target audience/participants:
(languages spoken)

How will the event be promoted?

Approximate # participants expected

Will you be serving food and beverages? If so, we ask you to agree to the following:
(check boxes)

☐ We will not serve sugary beverages (such as soda, sport, punch or energy drinks)

☐ We agree to provide healthy food and beverage options

What are you requesting?
(Options may include a health fair booth, nutrition/physical activity class or workshop and/or educational materials)

Please fill in all information requested and email to dale.murai@acgov.org or FAX to 510-595-6486. For more information call: Dale Murai 510-268-4221. We will get back to you within 7 days of request receipt.

Nutrition Services ● 3600 Telegraph Ave. ● Oakland, CA 94609 ● 510-268-4220 ● www.healthylivingforlife.org

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer.

Visit www.cachampionsforchange.net for healthy tips. California Department of Public Health