



COMMUNITY SERVICE REQUEST FORM

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Date: _____

Organization _____

Contact Person _____ Email _____

Event _____

Date of Event _____ Duration of event _____

Location of Event _____

Type of service needed _____

Number of volunteers needed _____

Any travel reimbursement or meals? _____

Does your organization have a non-profit 501(c)3 designation? Yes No

Will electricity be available? Yes No

Will tables and chairs be provided? Yes No

Who will be the intended audience? (who do you expect to attend?) _____

How will community members be made aware of the event? _____

Will event participants be listed? Yes No

Is a press release needed? Yes No

Any other information about your event or organization: _____

Have we fulfilled a community service event for you in the past? Yes No

If yes, when and what _____