## PUBLIC RELATIONS EVENT REQUEST

Contact Name:
Organization/Event Name:
Contact Phone Number:
Contact E-mail Address:
<b>Location of Event:</b>
Requested Date/Time:
Services Requested:
Approx. Number of Children/Adults:
Special Notes:
CONFIRMATION – Office Use Only
Confirmed & Scheduled:
Confirmed Time of Event:
Confirmed Location:
Confirmed Request: Yes No If no, Why?
Advertising Confirmation: Yes No