



# EVENT REQUEST FORM

Must be submitted using Adobe Acrobat Reader (free version) to complete the request

Please fill out the form below if you would like Smile SBC to attend an event you are hosting. Please provide notice of event at least 3 weeks in advance.

All events will be taken into consideration and a Smile SBC staff member will reach out to your organization if we are available to attend. Please allow 1-2 business days for a follow-up. If you do not hear back, please email us at info@smilesbc.org.

Organization/Agency name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email: \_\_\_\_\_

Event title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated # of participants: \_\_\_\_\_

- Population  Children (0-5)  
 Youth (6+)  
 Adults  
 Older Adults (65+)

- Indoor or outdoor event  Indoor  
 Outdoor  
 Don't know

Please provide any additional information about the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR YOUR SUBMISSION!



EMAIL FORM