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## Canine Companions for Independence South Bay Chapter Event Request Form

*Please complete and return by email or mail at least one month prior to proposed event.*

Organization \_\_\_\_\_

Contact name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Email \_\_\_\_\_

What does your organization do? \_\_\_\_\_

### Event Details

Event name, if applicable \_\_\_\_\_

Event address \_\_\_\_\_

Description \_\_\_\_\_

Date(s) \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Meal Included  Y  N

Purpose of CCI's presence (check all that apply):

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Education    | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Check Presentation | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Presentation | ••• Desired length _____             | AV equipment, if any _____                  |   |
| <input type="checkbox"/> Booth/Table  | ••• Number of CCI reps _____         | Table/Chairs provided                       | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Other        | ••• Please specify _____             |   |   |

### Demographics

Who is the primary audience (employees, students, kids, adults, people with disabilities, etc)? Be detailed.

\_\_\_\_\_

### Venue

- I've verified that assistance dogs in service *and* in training are permitted and welcomed.

Name and title of approving party: \_\_\_\_\_

Parking instructions \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Disabled parking available | <input type="checkbox"/> Wheelchair access to building and space | <input type="checkbox"/> Wheelchair accessible restroom | <input type="checkbox"/> Interpreter for Deaf/Hard of Hearing |
|---|--|---|---|

### Questions/Additional Info

\_\_\_\_\_

\_\_\_\_\_