

# Community Health & Resource Fair



at Sunkist Grove Community Center  
12500 NW 13 Avenue, North Miami, Florida 33167

**Saturday, July 16, 2011 10:00 am – 2:00 pm**

## SPONSORS AND PARTNERS PLEDGE INFORMATION



SPONSOR / PARTNER NAME: \_\_\_\_\_

- Please note: All groups will be asked for a \$25 minimum pledge-**Event sponsors are WELCOME!**
- If Non-Profit, please mark here \_\_\_\_ (\$25 Registration pledge will be waived)

TYPE OF ORGANIZATION / SERVICES PROVIDED: \_\_\_\_\_

CONTACT PERSON / TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

**DEADLINE: Please return form no later than, Tuesday, July 5<sup>th</sup> at 12 Noon**

- I/We pledge a total of a **\$25 minimum** (tax deductible donation). Please make check payable to: City of North Miami Parks & Recreation Department for “**Russell Foundation Health Fair**”. Mail to North Miami Parks & Recreation Department, 12300 NE 8 Avenue, North Miami, Florida 33161. (Attn: Andrea Ramos).

**AND**

- I/We pledge to participate/support and sponsor as follows: **Please indicate the service(s) that you will be providing.** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Examination               | <input type="checkbox"/> Smoke Alarm / Carbon Monoxide Detector Sign-Up |
| <input type="checkbox"/> Flu Shots                          | - Low Income/Elderly 65 +   |
| <input type="checkbox"/> Blood Glucose (Sugar test)         | <input type="checkbox"/> Crime Prevention                               |
| <input type="checkbox"/> Cholesterol Screening              | <input type="checkbox"/> Promotional Materials                          |
| <input type="checkbox"/> Glaucoma & Cataract Screening      | - School Supplies, Book bags, Giveaways, Gifts, etc)                    |
| <input type="checkbox"/> Diabetes Information and Education | <input type="checkbox"/> Food and Refreshments                          |
| <input type="checkbox"/> Osteoporosis Screening             | - Pizza, hot dogs, cookies, chips, ice cream, water, juice etc.         |
| <input type="checkbox"/> Chiropractic Spinal Screening,     | <input type="checkbox"/> Breakfast, Snacks and T-shirts for Volunteers  |
| Massage Therapy   | <input type="checkbox"/> Entertainment (Music/DJ, Bounce house, etc.)   |
| <input type="checkbox"/> Health and Wellness Information    | <input type="checkbox"/> Mobile(size) _____                             |
| <input type="checkbox"/> Fire and Life Safety               | <input type="checkbox"/> Other (specify) _____                          |
| <input type="checkbox"/> HIV Testing                        |   |

NOTE: if you are providing any invasive procedure, the city is asking for a copy of your group's insurance with the city as additional insured. Thank you.

- Check if you are requesting any special materials/equipment/electrical outlet/tables/chairs/room.  
Please Specify: \_\_\_\_\_

Please return completed form by email [aramos@northmiamifl.gov](mailto:aramos@northmiamifl.gov) fax @ 305 892-8639,  
or by mail @ North Miami Parks & Recreation, 12300 NE 8 Avenue, North Miami, Florida 33161.  
For more information please call or email Andrea at 305-895-9840, ext. 12227 (see above email)  
or Maurice at 305-685-5461.