



Saturday, August 10, 2013

11am-2pm

Joe Celestin Center
1525 NW 135 Street, Fl 33167



Health Screenings · Fun · Food and Entertainment



SPONSOR/PARTNER NAME: _____

- Health Providers - \$25 booth fee**
- Vendors - \$50 booth space fee**
- Non-Profit organizations - fee waived** (provide your 501c3 status)

TYPE OF ORGANIZATION / SERVICES PROVIDED: _____

CONTACT PERSON / TITLE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

ADDRESS: _____

EVENT DAY CONTACT PERSON (IF OTHER THAN CONTACT PERSON): _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

ADDRESS: _____

TAX ID #: _____

DEADLINE: Please return form no later than, Tuesday, August 6th, at 12 Noon
Check-in & Set-up time: 9am

We pledge to participate/support and sponsor as follows: **Indicate the service(s) that you will be providing.**
(Check all that apply- we ask that you to bring back to school items that can be added to the book bag distribution i.e. pencils, erasers, sharpeners, folders, rulers, pencil cases).

- | | |
|---|---|
| <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 |
| <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 | |

Health Providers 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. We do not provide tablecloths, if you are bringing your own table(s) and/or chair(s), please let us know.
Please Specify: _____

Print Name

Signature

Date

Return completed form by email to Margarita Rodriguez at mrodriguez@northmiamifl.gov; fax @ 305 892-8639; or by mail to the North Miami Parks & Recreation Department, 12300 NE 8 Avenue North Miami, Florida 33161. For more information call us at 305-895-9840, ext. 12227 or email us (see above email).