



# Walk this Way Monthly Party

Saturday, January 18th

7-9 AM

CAGNI PARK

13498 NW 12 Ave

North Miami, FL 33161

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

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: \_\_\_\_\_

**DEADLINE: Please return form no later than Wednesday, January 15, 2014**

We pledge to participate/support and sponsor as follows:

o **Indicate the service(s) that you will be providing.**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Examination               | <input type="checkbox"/> Smoke Alarm / Carbon Monoxide Detector Sign-Up |
| <input type="checkbox"/> BMI Testing/Measurements           | - Low Income/Elderly 65 +   |
| <input type="checkbox"/> Blood Glucose (Sugar test)         | <input type="checkbox"/> Blood Pressure Testing                         |
| <input type="checkbox"/> Cholesterol Screening              | <input type="checkbox"/> Promotional Materials: _____                   |
| <input type="checkbox"/> Glaucoma & Cataract Screening      | <input type="checkbox"/> Food and Refreshments                          |
| <input type="checkbox"/> Diabetes Information and Education | - We recommend Healthy treats   |
| <input type="checkbox"/> Osteoporosis Screening             | <input type="checkbox"/> Breakfast, Snacks and T-shirts for Volunteers  |
| <input type="checkbox"/> Chiropractic Spinal Screening,     | <input type="checkbox"/> Entertainment (Music/DJ, Bounce house, etc.)   |
| - Massage Therapy   | <input type="checkbox"/> Mobile(size)                                   |
| <input type="checkbox"/> Health and Wellness Information    | _____   |
| <input type="checkbox"/> Cancer Information and Education   | <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.

Please arrive no later than 6:15 AM FOR YOUR SET- UP. THE CITY WILL PROVIDE THE FOLLOWING ITEMS FOR YOU. (Please note those checked. Remember, your group is in charge of you own tablecloths. Thank you.

\_\_\_\_Tent space    \_\_\_\_\_ table    \_\_\_\_\_ chairs    \_\_\_\_\_ tent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form by email to Derrick Corker at [dcorker@northmiamifl.gov](mailto:dcorker@northmiamifl.gov) or via fax @ 305-892-8639; For more information call us at 305-895-9840, ext. 12227 or email us (see above email).