**COMMUNITY EVENT BOOKING FORM**

Thank you for promoting mental health for all and for supporting CMHA Edmonton with your mental health awareness and/or fundraising event. Please provide the following background information and we will contact you to discuss your partnership with CMHA Edmonton.

Today’s Date: Click or tap to enter a date.

Type of Event: Fundraising Event

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. | The Organizing committee is: Choose an item. |
| First & Last Name  | Organization |  |
|  |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Address City Province |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Cell  | Email Address |

Preferred Contact

[ ]  Cell [ ]  Email

**Event Information**

Date of Event: Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Choose an item. |
| **Name of Event**  | Venue for Event  | Type of EventOther Click or tap here to enter text. |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Address City Province | Postal Code |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Start Time | End Time |

|  |  |
| --- | --- |
| **Click or tap here to enter text.** | Click or tap here to enter text. |
| Cost | Website |

|  |  |
| --- | --- |
| **Click or tap here to enter text.** | Click or tap here to enter text. |
| Estimated Number of Attendees | Event Goal |

**Details**

**Are you requesting an Info Booth staffed by CMHA Edmonton Volunteers?**

[ ]  Yes [ ]  No

Are you requesting brochures on CMHA Edmonton services and/or mental health to display at your event? [ ]  Yes [ ]  No

Are you requesting the use of CMHA Edmonton’s logo?

[ ]  Yes [ ]  No

Are you requesting other support from CMHA Edmonton?

[ ]  Yes [ ]  No

If yes, please write in detail Click or tap here to enter text.

After the event in order to recognize your partnership with CMHA Edmonton, please email a picture of the event with a 20 word statement to reception@cmha-edmonton.ab.ca to be posted on CMHA Edmonton’s social media platforms

**PLEASE NOTE:**

1. All materials using our logo must be approved by CMHA Edmonton. The logo is a registered trademark and cannot be used without permission.

2. Brochures and promotional materials must be displayed according to CMHA Edmonton Guidelines which will be provided.

**How did you learn about CMHA Edmonton?**

[ ]  Website [ ]  CMHA Edmonton staff member [ ]  TV

[ ]  Social Media [ ]  CMHA Edmonton Volunteer [ ]  School

[ ]  Poster [ ]  Word of Mouth [ ]  Newspaper

|  |  |
| --- | --- |
| Other (please specify): | Click or tap here to enter text. |