**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 Event  Other 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](mailto: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. |