**Community Event Form**

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| *\* indicates mandatory field*Thank you for promoting *mental health for all* and for supporting CMHA-ER with your mental health awareness or fundraising event. Please provide the following information to help us understand your event. Once the form has been submitted, we will be in touch with you to discuss your event. |
| **CONTACT INFORMATION** |
| *\** First: Enter text here | *\** Surname: Enter text here | *\** Date: Click or tap to enter a date. |
| *\** Organization: Enter text here |
| Address: Enter text here |
| City: Enter text here | Province: Enter text here | Postal Code: Enter text here |
| *\** DaytimePhone: Enter text here | *\** Email: Enter text here | Preferred contact: Email [ ]  Phone [ ]  |
| **EVENT INFORMATION** |
| How did you hear about us: CMHA-ER website: [ ] Facebook:[ ] Other: Enter text here |
| *\** Name of Event: Enter text here |
| *\** Briefly describe your event: Enter text here |
| *\** Event Date: Click or tap to enter a date. | *\** Event Time: Enter text here | Media involvement: Yes [ ] No[ ]  |
| Type of Event: Fundraising:[ ]  Awareness:[ ] Education:[ ] Open Day:[ ] Other: Enter text here |
| *\** Venue of Event: Enter text hereAddress: Enter text hereCity: Enter text here , Prov: Enter text here , Postal code: Enter text here  |
| *\** Estimated Number of Attendees: Enter text here | *\** Event Promotional Materials Attached: Yes [ ] No[ ]  |
| Event Goal: Enter text here |
| **REQUEST FROM CMHA - ER** |
| *\** Promotional Materials: Yes [ ] No[ ]  | *\** Do you require use of CMHA-ER Logo? Yes [ ] No[ ]  |
| ***PLEASE NOTE: All materials using our logo must be approved by CMHA-ER. The CMHA-ER logo is a registered trademark and cannot be used without permission.*** |
| **CMHA – EDMONTON REGION OFFICE USE ONLY** |
| CMHA-ER Contact: Enter text here Title: Enter text here Promotional materials sent: Yes [ ] No[ ] Date sent: Enter text hereCMHA-ER Logo sent: Yes [ ] No[ ] Date sent: Enter text hereCopy of form sent to Director Finance and Operations: Yes [ ] No[ ] Date sent: Enter text here |