**Community Event Form**

**300, 10010 105 Street**

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**Email: main@cmha-edmonton.ab.ca**

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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 here  Address: Enter text here  City: 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 NoDate sent: Enter text here  CMHA-ER Logo sent: Yes NoDate sent: Enter text here  Copy of form sent to Director Finance and Operations: Yes NoDate sent: Enter text here | | | | | |