

# Application for 2010 Outreach Clinic

**Hosting Organization** \_\_\_\_\_

**Date of Event** \_\_\_\_\_

**Hours of Event** \_\_\_\_\_

**Location of Event** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Person in Charge** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

## Equipment needed – check all that apply

Display Boards

Signage

Literature / handouts

Sprinter Van

Bus

## Personnel – check all that apply

Dr. Singh

Divan – If available

Other

Holly Michalak RN

Clowns

**Approved by:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Shriners Hospitals**  
for Children™