

Community Health Fair Signup

Please return this completed form by Friday, June 20, 2025

Organization Name: _____

Attendee Name: _____

Attendee Contact Number: _____

Attendee Email Address: _____

Activity: _____

Activity appropriate for what ages? _____

Special requests: _____
(examples: first floor space, additional floor space, near an outlet, not a carpeted space, outside)

___ Will Provide Our Own Table and Chairs
___ 4 ft. ___ 6 ft. ___ 8 ft. ___ 10 ft.

___ Please Provide Us a Table
___ 6 ft. ___ 10 ft. ___ 12 ft.

___ Please save us 2 spaces

___ Please Provide us ___ Chairs
number

My organization offers health insurance incentives ___ Yes ___ No ___ Unsure

Please complete and email to eeaken@wayne-health.org or fax it to 330-262-2538.

If you have any questions, please feel free to contact Elesa at the above email or at 330-264-9590 extension 229.

Additional Information: _____

(please include any food allergies or special accommodations)