



Request for Nutrition Services

Date Requested: _____ Date of Event: _____ Time of Event: _____

Organization: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

Location & Address of Event: _____

Metro Accessible: Y N **Parking Available:** Y N

Parking Details: _____

1. What service would you like us to provide? Please select **ONE ONLY**:

- Food Budgeting Workshop
- Food Budgeting Workshop w/ food prep
- Cooking Class
- Health Fair Education
- Health Fair Food Demo
- Garden Workshop: Seed Starting (Feb-May)
- Garden Workshop: Harvesting (June-Aug)

2. Would you like this service in-person or virtual?

- In-person
- Virtual

3. If you are requesting a virtual food demo/sampling or workshop, please describe the context for the event if not straightforward:

4. If it is a virtual event, which platform (e.g. Zoom, Webex, Google Meet, Cisco, etc.) do you use?

5. If this event is a health fair, how many people do you anticipate? _____
6. Please provide the following information about the audience:

# of Attendees*	Age Group	Gender	Literacy Level	This is for
<input type="checkbox"/> 0-10	<input type="checkbox"/> 10-14 years	<input type="checkbox"/> Males	<input type="checkbox"/> 3 rd to 6 th grade	<input type="checkbox"/> Food Bank Clients
<input type="checkbox"/> 11-20	<input type="checkbox"/> 14-19 years	<input type="checkbox"/> Females	<input type="checkbox"/> 7 th to 12 th grade	<input type="checkbox"/> Students
<input type="checkbox"/> 21 or more	<input type="checkbox"/> 20-50 years	<input type="checkbox"/> Mixed group	<input type="checkbox"/> over 12 th grade	<input type="checkbox"/> Parents
<input type="checkbox"/> Health fair	<input type="checkbox"/> Over 50 years		<input type="checkbox"/> Mixed group	<input type="checkbox"/> Community
	<input type="checkbox"/> Mixed group			<input type="checkbox"/> Mixed group

*Please note: CAFB has the right to cancel a class if less than 10 people are signed up.

7. Any additional items that may need to be provided (either by CAFB or your organization)

8. How will you advertise/recruit participants? We require at least 10 participants in attendance.

We want to help you meet your clients' needs. Please assist us in the following ways:

- ✓ If you are not familiar with the Capital Area Food Bank, please visit our website (www.capitalareafoodbank.org) to learn about our mission and our services.
- ✓ Please advertise the presentation(s) to encourage attendance.
- ✓ Please follow up with potential participants with reminders about the presentation(s).

I am requesting the attendance of a member of the Nutrition Education Team at CAFB for the above-mentioned event. I agree to notify a member of the Nutrition Education Team within 48 hours of the event if the event is cancelled, postponed, or if any other pertinent changes related to the event occur. I also agree that if I fail to provide proper notification, the Nutrition Education Team has the right to refuse any future requests for their services. This agreement must be returned to the CAFB office at least three weeks prior to event. I have read and understand the content of this agreement.

Print Name

Signature and Date

**Please email this completed form to
education@capitalareafoodbank.org**