



EVENT REQUEST FORM

Name of Organization: _____ Request Date: _____

Event Date: _____ Start Time: _____ End Time: _____ Earliest Setup: _____

Event Type (i.e. fundraiser, education, table display) _____

Are Animals Allowed? Yes No

If yes, what are requirements/limitations? _____

Is the event inside outside Is the area climate controlled? Yes No

Event Location: _____

Any special information to help us find the event: _____

Audience: Adults Youth Both Audience Expected Size: _____

May we post the information about this event on our website, social media, etc.? Yes No

May we bring a donation jar? Yes No

What are you looking for the Humane Society of Macomb to do at this event (information table, speak, read books, etc.)

Organization Information:

Address: _____

Website: _____

Type of Organization (religious, non-profit, business, school, club, scout troop, etc.) _____

Contact Name: _____ Title: _____

Phone number: _____ Email: _____

*****FOR HSOM USE ONLY*****

Event Approved: _____ Event Code: _____

Additional notes: _____