



HEALTH SERVICES APPLICATION

Saturday, October 3, 2015

Anaheim: Chaparral Park 1770 W. Broadway, Anaheim, CA 92804

Moreno Valley: Community Park, 13380 Frederick Ave, Moreno Valley CA 92553

Participating Agency or Individual Information

*** Please print and provide complete information***

Application for Event Location: Anaheim Moreno Valley TBD TBD TBD

Agency Name/ or Participant _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Office Phone Number _____ Fax _____

Web Site _____

Contact Person _____ Email Address _____

Cell/ or Daytime Phone Number _____ Best Time to Call _____

How many people from your agency will be able to participate at the event? _____

Booth Information: Service Vendor booths are free. Unless otherwise notified in writing service providers are responsible for bringing their own, tables, chairs, canopies & equipment. Canopies are not to exceed 10x10. Electricity will NOT be provided. Setup starts at 7am and ends 9am. Outreach ends while supplies last and no later than 2pm. A SoCal DOH Team leader will contact you with logistics specific to your venue(s).

Please choose the services that you will provide:

Medical (please specify) Dental (please specify) Vision (please specify) Other (please specify)

Mobil Units: Please provide the following information for permitting. Please provide a photo of vehicle with Application

License Plate _____ Size of Vehicle _____

Does the vehicle have a built in generator: _____

* The SoCal Day of Hope leadership team reserves the right to deny participation of any and all organizations that are inconsistent with our core values and overall mission. **Mail completed application to SOCAL Day of Hope Outreach P.O. Box 3216 Tustin, CA 92781 or email scan copy to outreach@socaldayofhope.org**