



# WCHD Pop-Up COVID-19 Vaccination Event Request Form

Please complete all fields.

## Event Coordinator Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Event Information

Event Name \_\_\_\_\_

Event Address \_\_\_\_\_

Event Date \_\_\_\_\_

Event Times \_\_\_\_\_

Set Up Times \_\_\_\_\_

# of Attendees \_\_\_\_\_

Targeted Population \_\_\_\_\_

Additional Details      Indoors  or Outdoors       Well Lit  or Not Well Lit

Grass       Pavement       Gravel

Other Information \_\_\_\_\_

<i>For Internal Use Only</i>	<i>Approved</i> <input type="checkbox"/>	<i>*Not Approved</i> <input type="checkbox"/>	
<i>*If Not Approved</i>	<i>Sent to IDPH</i> <input type="checkbox"/>	<i>Sent to IEMA</i> <input type="checkbox"/>	<i>**Sent to partner</i> <input type="checkbox"/>
<i>**If sent to partner, who</i>	_____		
<i>EP&amp;R initials &amp; Date</i>	_____		

Please email to [bagor@willcountyhealth.org](mailto:bagor@willcountyhealth.org) or fax to 815-740-8141