

COVID-19 VACCINE EVENT INTEREST FORM

If you are interested in having a COVID-19 vaccine event, please complete the following form: Darci Richardson at 559-803-0338. Once completed please email form to drichardson@pinnacletrainingsystems.com

Today's Date: _____ (mm-dd-yyyy)

Requester Information

Name of Organization/Business: _____

Example: Pinnacle Training Systems

Name of Contact Person: _____

Example: John Doe

Contact Phone Number: _____

Example: (559) 555-1234

Contact Email Address: _____

Example: jdoe@pinnacletrainingsystems.com

Best Time to Contact: _____

Example: M-F 8am-6pm

Event Information

Proposed Date of Event: _____

(mm-dd-yyyy)

**Note: Please allow for at least 2 weeks from date of request to the date of the event.

Time of Event:

- Morning
Preferred time frame: _____
- Afternoon
Preferred time frame: _____
- Evening
Preferred time frame: _____

Event Type:

- Public
 Private

Vaccine Requested: (select all that apply)

- Pfizer
- Pediatric (6 mos-4 yrs old)
 - Pediatric (5-11 yrs old)
 - (12 years and up)
- Moderna
- Pediatric (6 mos-5 yrs old)
 - Pediatric (6-11 yrs old)
 - (12 years and up)

- Novavax
- Johnson & Johnson
 - 1st dose
 - 2nd dose
 - Booster

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Organization/Business Type:

- Community
- School/Youth Based
- Agriculture
- Faith Based
- Medical Centers
- General Business
- Services for homeless
- Other _____

Event Availability/Access:

- Private
- Public

Indoor/Outdoor:

- Indoor
- Outdoor

How Many People do you Anticipate participating in this Event:

- 1 – 49
- 50 – 149
- 150 – 300
- 301 – 500
- 501 – 750
- 751 – 1000

Target Population:

Desired Location:

Location Address:

Detailed description of the event location:

size of space, indoor/outdoor, facility type
(ie, gym, church, cafeteria, etc)

Can you Supply any of the Following for this Event:
(Select all that apply)

- Chairs
- Tables
- Canopies
- Wifi

Additional Information

What are your goals or desired outcomes for hosting this event:

Do you plan on having a 2nd dose Event

- Yes
- No

If Yes, What date:
