

# Health Benefits

## EVENT REQUEST FORM

Complete the questionnaire and ASCIP's Health Benefits Department  
will assist in coordinating your next event.  
(At least 1 month notice is appreciated.)

<b>SCHOOL DISTRICT</b>						
	<b>LOCATION 1</b> ___Indoor ___Outdoor	<b>LOCATION 2</b> ___Indoor ___Outdoor	<b>LOCATION 3</b> ___Indoor ___Outdoor			
<b>EVENT PLACE ADDRESS CITY, ST, ZIP</b>						
<b>EVENT DATE(s)</b>						
<b>EVENT TIME</b>	Set up : Start:	End:	Set up : Start:	End:	Set up : Start:	End:
<b>APPROXIMATE # OF ATTENDEES</b>						
<b>DESCRIPTION OF EVENT</b>	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___			
<b>WHO IS THE EVENT FOR?</b>	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____			
<b>EVENT COORDINATOR</b>					<b>PHONE</b>	

PLEASE SELECT ASCIP SERVICE PROVIDER THAT APPLIES	SUPPLIES
Would you like the vendors to donate a raffle prize? <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you need any supplies? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, list the type of supplies and the quantities you will need below.)
_____ _____ _____ _____ _____  ___ Grip Strength ___ Foot Massage ___ Body Composition	

Send your completed questionnaire to Yvette Avila at ASCIP by FAX (562) 404-8396 or by email: [avila@ascip.org](mailto:avila@ascip.org). We look forward to assisting you plan a successful event.



**Alliance of Schools for Cooperative Insurance Programs**

16550 Bloomfield Avenue • Cerritos • CA • 90703 • ph. (562)404-8029 • [www.ascip.org](http://www.ascip.org)