



CARD Community Event Request Form

Thank you for your interest in CARD Services. Please submit request at least **6 weeks** in advance. All requests will be reviewed by administration and assigned to the appropriate clinician(s) and/or CARD staff. CARD serves Miami-Dade, Broward, & Monroe Counties and services are free of charge. **Please note that the CARD Mobile Family Clinic is 23 feet long and 14 feet tall.**

Type of Request:

- Health/Resource Fair
- Community Outreach Activity
- Autism Awareness Event
- CARD Fundraising Event
- Breakfast Meet & Greet

Today's Date: _____ Date of Event: _____

Name of Event: _____

Start Time: _____ End Time: _____

Name of Agency/School: _____

Name and Title of Person Requesting Service: _____

Contact Person for Event: _____

Contact Number: _____ Email Contact: _____

Event Details: _____

Location Address: _____

Number of Anticipated Participants: _____ Languages Preferred: _____

Will Table be Provided: Yes No Would you like to have the mobile clinic present? Yes No

Please fax this form to: (305) 284-6555
For Questions About the Mobile Family Clinic call: (305) 284-5269

OFFICE USE ONLY

Date Received: _____ Date Assigned: _____

Staff/Shifts Assigned: _____

Disposition: _____