



REQUEST FOR AGENCY SERVICES

(Please Print)

**INDIVIDUAL AND
GROUP
SESSIONS OFFERED:**

HIV/AIDS

Domestic Violence

Coping Skills

Substance Abuse

**Enroll Child in FREE
OVERNIGHT SUMMER
CAMP—Fresh Air
Fund**

**Fax the
completed form
to:
(718) 464-0025
or
Email to the
address below.
Tburke@cucegroup.org**

**PLEASE
ATTACH YOUR
EVENT FLYER!**

Name of Agency: _____

Agency Address: _____

_____ Zip Code _____

Agency Phone: () _____

Agency Fax: () _____

Contact Name: _____

Title: _____

Contact number: : () _____

Email: _____

Services Requested (please check)

HIV Testing

Do you have a private room for testing? Yes No

How close is the room to the event? _____

Individual Session: Title _____

Group Session/Workshop: Title _____

Tabling (will table be provided yes or no)

Other, please specify _____

Is this an inside or outside event? _____

of participants expected: _____ **Date of Event:** _____

Target Population (ex: high risk youth): _____

Time requested: Starting _____ am/pm Ending _____ am/apm

Location of event (if different from above)

Requester Signature _____ Date: _____

Approved by: _____ Date: _____