Outreach Request Form

CONTACT INFORMATION

Organization: __________________________________________

Coordinator: __________________________ Email: _______

Phone Number: __________________________ Fax Number: _______

Address of Organization: __________________________________________

EVENT INFORMATION

Date(s) of Event: __________________________

Category (Check all that apply):

□ Non-Profit  □ Sports  □ Medical

□ Educational  □ Health Awareness

Time of Event: __________________________

Number of Recipients: ________

Type (check one or both):  □ Chair  □ Table

Address: __________________________________________

Description of Event (Please detail what your organization is and how it falls into the categories checked above):

AAIMT community outreach is designed for the benefit of nonprofit agencies, medical establishments, education environments, health awareness and sports events. Ongoing outreaches are also available for those who qualify. All requests are reviewed by the school Director. All donations are appreciated and are placed into a scholarship fund. All participating students and faculty shall abide by the AAIMT dress code (www.aaimt.edu/outreach.html).

PLEASE NOTE: There are no guarantees for student sign-up. We do not assign our students to Outreach events; it is entirely voluntary on their part as to what they choose to attend.

I, the Event Coordinator, have read and understand the requirements and will abide by the rules of the AAIMT Outreach program.

Signature: ____________________________

Date: ____________________________

AAIMT USE ONLY

Approved by: _______________________

Date: _______________________

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