Event Participation Request

Thank you for your interest in having Gabby's Grief Center host a table at your upcoming event. Please provide the details below, and a member of our team will be in touch to discuss your request.

Contact Information

Full Name: _____

Organization/Group Name: _____

Email Address: _____

Phone Number: _____

Event Details

Event Name: _____

Event Date (MM/DD/YYYY): _____

Event Time: _____

Event Location (Address): _____

Estimated Number of Attendees:

- ☐ Less than 50
- ☐ 50–100
- ☐ 100–200
- ☐ More than 200

What type of audience will be attending? (Check all that apply)

- ☐ Families
- ☐ Adults
- ☐ Children
- ☐ Teens
- ☐ Community Professionals
- ☐ Other: _____

What is the focus or theme of the event?

_____

_____

_____

What specific resources or information would you like Gabby's Grief Center to provide?
(Check all that apply)

☐ Grief support services
☐ Camp program materials
☐ Volunteer opportunities
☐ Resources for children and teens
☐ Information on family programs
☐ Other: _____

Is there anything else you would like us to know about your event?

_____

_____

_____

How did you hear about Gabby's Grief Center?

_____

_____