

# Application for Moslem Shriners Outreach Clinic

## Hosting Organization

Date of Event \_\_\_\_\_

Hours of Event \_\_\_\_\_

## Location of Event

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

## Person in Charge

Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-Mail \_\_\_\_\_

## Equipment Needed – Check all that apply

  
  

Display Boards

Signage

Literature/Handouts

  

Sprinter Van

Child Care Coach

## Personnel – Check all that Apply

  
  

Dr. Singh

Divan – if available

Other

  

Holly Michalak RN

Clowns

## Approved by:

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



**Shriners Hospitals**  
for Children™