SOUTHWESTERN REACT® OF SAN DIEGO COUNTY

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EVENT REQUEST FOR REACT® SUPPORT

Southwestern *REACT*® has received your request for assistance during your upcoming event. We need to obtain some information from you, by which we can evaluate your needs, and plan the kind of support you may require. If you will complete and return the short questionnaire below, we will be able to determine if our Team is able to provide the support you require. We hope to be working with you soon.

NAME OF EVENT										
PURPOSE OF EVENT										
TYPE OF EVENT	CHAR	RITY	_ FUN		ON-PROF	IT [501C((3) 🗌 O	THER	
ORGANIZATION NAME										
DATE(S) OF EVENT				нс	OURS FR	ОМ			HOURS TO	
BASE LOCATION(S)										
PRE-EVENT CONTACT					Phone			E-MAIL		
EVENT CONTACT					Phone			E-MAIL		
DESCRIBE YOUR COMMUNICATIONS NEEDS					1					
NO. OF LOCATIONS REQ	UIRING O	UR OPE	RATORS	,						
WHAT HAPPENS AT THE	SE REMOT	TE LOC	ATIONS?	,						
DUTIES/AREAS OF CONC	ERN			I						
WILL OTHER VOLUNTEE	RS MAN T	HESE I	OCATIO	NS.						
WILL OUR VOLUNTEERS	BE COVE	KED BI	TOUR	VENII	NSUKANU	,E				
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