

# COVID-19 VACCINE EVENT INTEREST FORM

If you are interested in having a COVID-19 vaccine event, please complete the following form:

For questions please call, Pinnacle Training Systems, the office at 559-515-3578 or Hunter Corrente at 559-420-6201. Once completed please email form to [Hcorrente@pinnacletrainingsystems.com](mailto:Hcorrente@pinnacletrainingsystems.com)

Today's Date: \_\_\_\_\_ (mm-dd-yyyy)

## Requester Information

Name of Organization/Business: \_\_\_\_\_  
Example: Pinnacle Training Systems

Name of Contact Person: \_\_\_\_\_  
Example: John Doe

Contact Phone Number: \_\_\_\_\_  
Example: (559) 555-1234

Contact Email Address: \_\_\_\_\_  
Example: [jdoe@pinnacletrainingsystems.com](mailto:jdoe@pinnacletrainingsystems.com)

Best Time to Contact: \_\_\_\_\_  
Example: M-F 8am-6pm

## Event Information

Proposed Date of Event: \_\_\_\_\_  
(mm-dd-yyyy)

\*\*Note: Please allow for at least 2 weeks from date of request to the date of the event.

Time of Event:  Morning Preferred time frame: \_\_\_\_\_  
 Afternoon Preferred time frame: \_\_\_\_\_  
 Evening Preferred time frame: \_\_\_\_\_

Event Type:  Public  
 Private

Vaccine Requested: (select all that apply)

- Pfizer
  - Pediatric (6 mos-4 yrs old)
  - Pediatric (5-11 yrs old)
  - (12 years and up)
- Moderna
  - Pediatric (6 mos-5 yrs old)
  - Pediatric (6-11 yrs old)
  - (12 years and up)

- Novavax
- Johnson & Johnson
- 1<sup>st</sup> dose
- 2<sup>nd</sup> dose
- Booster

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**Organization/Business Type:**

- Community
- School/Youth Based
- Agriculture
- Faith Based
- Medical Centers
- General Business
- Services for homeless
- Other \_\_\_\_\_

**Event Availability/Access:**

- Private
- Public

**Indoor/Outdoor:**

- Indoor
- Outdoor

**How Many People do you Anticipate participating in this Event:**

- 1 – 49
- 50 – 149
- 150 – 300
- 301 – 500
- 501 – 750
- 751 – 1000

**Target Population:**

\_\_\_\_\_

**Desired Location:**

\_\_\_\_\_

**Location Address:**

\_\_\_\_\_

**Detailed description of the event location:**

size of space, indoor/outdoor, facility type  
(ie, gym, church, cafeteria, etc)

\_\_\_\_\_

**Can you Supply any of the Following for this Event:**  
(Select all that apply)

- Chairs
- Tables
- Canopies
- Wifi

Additional Information

**What are your goals or desired outcomes for hosting this event:**

\_\_\_\_\_

**Do you plan on having a 2<sup>nd</sup> dose Event**

- Yes
- No

**If Yes, What date:**

\_\_\_\_\_