

Request for Participation at Community Events

This form serves as a request to have CareerSource Broward (CSBD) participate in your event. Requests should be made at least 3 weeks in advance. Not all requests will be approved.

Event Name:	t Name:		Today's Date:	
Event Date:	Event Start Time:	Event End Time:		
Agency/Organization Name:				
Contact person:		Phor	ne:	
Fax:	Email:			
In-Person Event Address/location of event:			Event form Name:	
Recurring Event: Yes No Event Category: Hiring Fair CH Elected Official Event Ve Resource Fair Lc Youth Event Ve	Audience: hurch Sponsored Event eteran Event bcal Government / Munici ther:	oyers 🗌 Jo	b Seekers - Age Group: Items provided: Table(s) Chair(s) Canopy / Tent Other:	
Total Cost for CSBD to Participate: \$_ For internal Use:	r: \$ Total C	Cost to Particip	Date:	
Approved: Denied: As	signed Staff:		Date:	
Please complete and return via email: events@careersourcebroward.com				