



## Nutrition & Health Workshop Series Request Form

Agency/School Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Director/Principal Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Community Board #: \_\_\_\_\_ School District: \_\_\_\_\_ Check One: ☐ Bklyn ☐ Qns ☐ Bx ☐ Man ☐ SI

**Group Type:**

☐ Adult

*\*Are they parents?*

☐ Yes ☐ No

☐ Youth

*\*Grade Level*

Elem ☐ JHS ☐ HS

Expected Number of Participants: \_\_\_\_\_

Language Needed: ☐ English ☐ Spanish ☐ French ☐ Creole ☐ Mandarin ☐ Taiwanese ☐ Korean

**Day of the Week:** Please give 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for day of the week → **Mon.—Fri.**

Day of the Week	Starting Date		Time of Day	
		<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> After-school
		<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> After-school
		<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> After-school

**Agency Type:**

☐ Day Care

☐ Pre-K

☐ After-school

☐ School-based

☐ ESL

☐ Head Start

☐ 4-H Club

☐ Beacon program

☐ Library

☐ GED

☐ Agency Staff

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
**Contact Person Signature**

\_\_\_\_\_  
**Date**

How did you hear about us?

☐ Returning Customer

☐ Cornell Staff: \_\_\_\_\_

☐ Conference, Event or Health fair: Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐ Farmers' Market Location: \_\_\_\_\_

☐ Referred By: \_\_\_\_\_

Cornell University Cooperative Extension in NYC - Nutrition & Health Program

<http://nyc.cce.cornell.edu>

**Please submit a separate  
Request Form for each  
group requested.**

Submit request form directly to  
the borough office for your location.

**For Bronx, Manhattan and Staten Island Sites**

445 East 148th Street

Bronx, NY 10455

Tel: (212) 340-2939

**Fax: (212) 340-2918**

**For Brooklyn- Queens Sites**

89-62 164<sup>th</sup> Street

Jamaica, NY 11432

Tel: (718) 657-9520

**Fax: (718) 657-0520**