



Request for Service

<p>Please note:</p> <ul style="list-style-type: none"> • There is a \$20 administration charge for this program. This fee is per session (e.g. 6 sessions = \$120.00). • Any food costs must be covered by the requesting agency. • The CFE filling this placement will contact you to confirm details. • In the event that you have to cancel your request, please contact the lead CFE for your event <u>and</u> notify one of the program coordinators via email (cfebrant@gmail.com) as soon as possible. <p>This is a volunteer based program. Every effort will be made to fill your request; however, we may not always be able to fill a request. If we are not able to fill the request we will contact you at least 2 weeks before the scheduled event.</p>	
Requesting Organization Information	
Organization:	
Address:	
Contact Name:	
Phone number:	
Email:	
How did you hear about us?	Your organization <input type="checkbox"/>
	CFE <input type="checkbox"/>
	Health Unit <input type="checkbox"/>
	Pamphlet/Flyer/Poster <input type="checkbox"/>
	Newspaper <input type="checkbox"/>
	Other, please specify:
Presentation Information:	
Location of presentation:	
Date(s) of presentation: <i>If multiple dates are specified please indicate clearly whether they are confirmed or tentative</i>	
Time of presentation: <ul style="list-style-type: none"> • Minimum booking for CFE presentation in 45 min • Minimum booking for CFE cooking demo is 1 hour 	
Type of Request:*	• Presentation <input type="checkbox"/>
	• Display <input type="checkbox"/>
	• Food Demonstration <input type="checkbox"/>
	• Cooking Class <input type="checkbox"/>
	• Super Market Safari <input type="checkbox"/>
	• Other, please specify:
<p>*If request requires food purchase please indicate if you would like the CFE to purchase food and submit receipts for reimbursement: (Dependent on CFE time and availability)</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Forward completed form to cfebrant@gmail.com

Topic:	• Healthy Eating	<input type="checkbox"/>
	• Cooking with Kids	<input type="checkbox"/>
	• Label Reading	<input type="checkbox"/>
	• Canada's Food Guide	<input type="checkbox"/>
	• Cooking for one or two	<input type="checkbox"/>
	• Menu planning	<input type="checkbox"/>
	• Healthy eating on a budget	<input type="checkbox"/>
	• Food Safety in the home	<input type="checkbox"/>
	• Food preservation, canning	<input type="checkbox"/>
	• Food demonstration	<input type="checkbox"/>
	• Cooking skills	<input type="checkbox"/>
	• Community kitchen	<input type="checkbox"/>
	• Other, please specify:	
Audience:	• Children (<13)	<input type="checkbox"/>
	• Teens (13-19)	<input type="checkbox"/>
	• Adults	<input type="checkbox"/>
	• Older Adults (65+)	<input type="checkbox"/>
	• Mixed Ages	<input type="checkbox"/>
	• Females only	<input type="checkbox"/>
	• Males only	<input type="checkbox"/>
	• Mothers	<input type="checkbox"/>
	• Low income	<input type="checkbox"/>
	• General Population	<input type="checkbox"/>
	• Single Parents	<input type="checkbox"/>
	• Preschoolers	<input type="checkbox"/>
	• Cultural Group	<input type="checkbox"/>
	Number of people expected:	
General Description of Event: Please provide a brief overview of the event including any additional information that may help in the planning process.		
To check, checkbox: <ul style="list-style-type: none"> • Right click on the box you wish to select • Select 'properties' • Change 'Default Value' from 'Not Checked' to 'Checked' 		

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