

Event Request Form

Use this form to request a specific visit. Submit at least 2 weeks in advance when possible.

Requested Event

Event / Activity Type: _____

Preferred Date (1st choice): _____

Preferred Date (2nd choice): _____

Start Time: _____

End Time (approx): _____

Location within facility: _____

Estimated Resident Count: _____

Care Levels Attending (independent / assisted / memory / rehab): _____

Setup & Logistics

Parking / loading instructions: _____

Sound system available on-site? Yes No

Tables / chairs provided by facility? Yes No

Food or snacks requested from us? Yes No

Any A/V, power, or accessibility needs: _____

Special Requests

Requests or themes for this visit: _____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.