



For Office Use Only:

EFNEP

CE Name _____

Nutrition & Health Workshop Series Request Form

Agency/School Name: _____

Complete Address: _____

Agency Telephone: _____

Director/Principal Name: _____

Contact Person: _____

Community Board # _____ **School District:** _____

Agency Fax: _____

Contact Email: _____

Title: _____

Check One: Bklyn Qns Bx Man SI

Group Type: Adult Youth
**Are they parents? *Grade Level*
 Yes No Elem JHS HS

Expected Number of Participants: _____

Language Needed: English Spanish French Creole Mandarin Bangla

Day of the Week: Please give 1st, 2nd and 3rd 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
		<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 164th Street
 Jamaica, NY 11432
 Tel: (718) 657-9520
Fax: (718) 657-0520