

**Los Angeles General
Medical Center
Fund-Raising Event
Request for Area/Space Reservation**

Date submitted _____

Request made by: _____ Department _____

Phone No. _____ Email: _____

Name of group/organization sponsoring the event

Is the group/organization a Los Angeles General Medical Center employee charitable organization? Yes_ No __

If no, is the group/organization a county sponsored charitable organization?
Yes _____ No _____

Area/Space requested _____

Event Date: _____ Time: from _____ to _____

Specify the nature of fund-raising event (Type of merchandise to be sold).

Specify the County resources that will be requested _____

Name, address, email, phone number of outside vendor (s) involved, if any:

Provide a photo of the space indicated above (upload photo)

Date request received: _____ By: _____

Approved: Yes _____ No _____ Comments: _____

By: _____
Public Information Officer