American
Red Cross
Southeastern Pennsylvania Chapter

Participation Form

Thank you for the invitation to participate in your group's event. Please fill out the form entirely so that we may obtain all of the necessary information. Please fax or email the completed form to Joe Sludden at 215-299-4031 or HFH@redcross-philly.org. You will be contacted if we are able to attend.

Name of Group: _____

Address of Group: _____

Contact Person: _____

Contact's Phone Number: _____

Name of Event: _____

Event Location: _____

Circle County where Event will be held: Bucks Chester Delaware Montgomery Philadelphia

Date(s) of Event: _____

Time of Event: _____

Services Being Requested: _____

Type of Audience: _____
(i.e. families, seniors, youth)

Number of Attendees expected: _____

Circle Items Provided: Tables Chairs Tablecloth Tents

Please attach any specific directions pertaining to check-in, set-up, parking, or driving directions along with this sheet and send to the address or fax to the number below:

Any questions may be directed to:
Joe Sludden, Project Manager
American Red Cross
Southeastern Pennsylvania Chapter
23rd & Chestnut Streets
Philadelphia, PA 19103
Tel: (215) 299-4017
Fax: (215) 299-4031
HFH@redcross-philly.org