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|  | CAPS Outreach Form |  |  |
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| **Today’s Date:** |  | **Name:** |
| Contact Number: |  | Name of Club/Organization/Class you are representing  |
| **Requested CAPS Presenter:** |  | **Preferred Date/Time of Presentation or Program:** |
| Location of the Presentation or Program:How many people are you expecting to attend: |  | Who will be introducing the presenter: |
| Description of the Presentation or Program: |  | What are the desired outcomes of this Presentation or Program: |
| How will this Presentation or Program be publicized: |  | Has the publication for this Presentation or Program been approved and if so by whom: |
| Office Use Only  |
| **Date Request received:** |  | **Date Request reviewed:** |  | **Requested Presenter:** |
| **Date of contact by the presenter:** |  | **Resources needed:** |  | **Date and Time of the Presentation or Program:**  |

**NOTES** |  |