



AMERICAN FOUNDATION FOR
Suicide Prevention

Oregon Chapter | www.afsp.org/oregon

Oregon Out of the Darkness Community Walks Resource Fair Application

Organization: _____

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

Email: _____

Walk location you hope to have a table: _____

Person responsible for Day of the Event: _____

Day of event contact cell phone number: _____

AFSP will not provide a canopy. You may bring your own canopy but you must follow the rules of the venue. We will not be responsible for any damage your canopy may cause or that your canopy may incur in the event of an accident or emergency.

If approved, one table and two chairs will be provided to your organization at the expense of AFSP. In exchange, we are asking that you help bring suicide out of the darkness by spreading the word about the walk by Posting Flyers, sharing on social media...etc. This request is on the honor system!

Please note: We ask that you **do not** sell merchandise or collect donations for your organization. You may pass out give away items, information about your organization and allow people to sign up for your mailing list.

Please arrive a minimum of one hour before the registration/check in time to unload and set up.

Signature:

Date:

Please return form to Oregon@afsp.org

Please keep in mind that this is an application, all organizations that fill out this form may not be accepted as space is limited.