

Today's Date \_\_\_\_\_

# PHOTOVOICE EXHIBIT REQUEST FORM

*Exposed: A Closer Look at Underage Drinking*

Contact Name: \_\_\_\_\_

Organization/Group: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Requested Dates and Times:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

**Will this be for a specific event? If so, who is the target audience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where will you be displaying the photos? Will this area be safe and secure?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A coalition member, and possibly a student photographer, will accompany the photos. Would you like them to present or be available for discussion/questions?**

\_\_\_\_\_  
\_\_\_\_\_

***Please return to Amanda Naugle at:***

Email: [nauglea@ewashtenaw.org](mailto:nauglea@ewashtenaw.org)

Fax: 734-544-6705

Phone: 734-544-2973