

Great Plains Colorectal Cancer Screening Initiative (GPCCSI) Rollin Colon Request Form

**NOTE: Please return a completed copy of this request form to: eugene.giago@gptchb.org,
d.yellowearring@gptchb.org or gina.johnson@gptchb.org**

| | | |
|--|--|---|
| Requester First and Last Name: | | |
| Requester Organization Name: | | |
| Address: | | |
| City: | | |
| State and Zip Code: | | |
| Requester Phone and Fax: | | |
| Requester Email (Required): | | |
| Name/Description of Event: (If possible please attach a flyer of your event) | | |
| Event Date: | | |
| Time of Event Begins and Ends: | | |
| Please Select Inflatable Colon Size | Rollin' Colon 10 x 14 (Large) <input type="checkbox"/> | Nolan Colon 5x8x10 (Small) <input type="checkbox"/> |

Please read and initial before each statement:

- _____ Requester must be the Contact Person that will help with the following tasks below:
- _____ Organization/Program agrees to assist GPTCHB staff person to set up the colon and to take down the colon after the event.
- _____ Organization/Program agrees to assist GPTCHB staff person in cleaning the colon after the event.
- _____ Organization/Program agrees to assist with Pre/Post survey with Rollin Colon.
- _____ Organization/Program agrees to assist with walking participants through the Colon.
- _____ Organization agrees to provide space of 10' (Height) x 12' (Length).

Signature of Person (Requested or Contact Person)

Date

2611 Elderberry Blvd. Rapid City, SD 57703—(P) 605.721.1922—(F) 605.721.1932—www.gptchb.org

