

SAMPLE THANK YOU LETTER TO

(Name of PTA)
(School Address)
(City, State, Zip)

(insert some graphics)

(Date)

(Name of Participant/Vendor)
(Address, City, State and Zip)

Dear (_____):

On behalf of the (your PTA name), thank you for participating in our Health & Wellness Fair on (date). It was a valuable health education event for our community, and we appreciate your willingness to offer your information, services, and time during the event.

We received many positive comments from the staff, parents, and community members about the meaningful experience the fair was for everyone who attended, especially the students. Our success was in no small part due to experts such as you who could answer questions, disseminate information, and administer informative screenings.

Thank you for your time and dedication you gave to this event. Through such programs as this Health & Wellness Fair, we can work together toward the goal of helping our little corner of the world become healthier.

(Name of PTA President)

(Name of PTA Health & Wellness Fair Chairperson)

SAMPLE THANK YOU LETTER TO

(Date)

(INSERT COOL GRAPHICS)

(Volunteer's Name)

(Address, City, State and

Zip)

Dear (_____):

On behalf of (your PTA name), I would like to thank you for volunteering your time and energy to the Health

& Wellness Fair that was held on (date). The Fair was planned and implemented to raise health awareness and we believe it was a great success. This could not have been accomplished without volunteers like you working to make it all happen.

Once again, thank you for your efforts, and your willingness to make a difference in the lives of our children and our community.

(Name of PTA President)

(PTA position/title)

(Your PTA name)

SAMPLE PARTICIPANT/VENDOR EVALUATION

Please rate the following on a scale of 1 to 4 (1=poor, 4=excellent)

Adequate notice	1	2	3	4	
Enough information prior to Event	1	2	3	4	
Set up as requested	1	2	3	4	
Flow of attendees	1	2	3	4	
Hospitality	1	2	3	4	
Worthwhile investment of your time		1	2	3	4
OVERALL EVALUATION	1	2	3	4	

Would you participate in this kind of event again? _____yes__no

Please provide any comments or suggestions that could help us improve the next event: _____

Thank you for your input!

(Your PTA name)

SAMPLE PARTICIPANT/VENDOR EVALUATION

Name

Daytime phone

Organization/Agency/Company

Contact Person

Email (optional)

Scheduled time commitment

- Initial invite sent (date)
- Response sheet received and attached
- Fee received (if applicable)

- Equipment/supplies needed: _____

- Space needed: _____

- Miscellaneous notes: _____

-
- Evaluation Form received
 - Thank you note sent

SAMPLE SAVE THE DATE

SAVE THE DATE

(YOUR PTA NAME) IS PROUD TO PRESENT.....

A FREE HEALTH & WELLNESS FAIR COMING TO YOUR

SCHOOL !! (DATE)

Some of what you can expect to see, hear and experience:

(List activities, screenings, information that will be available, companies/agencies that will be there, etc.) More Details to Follow!!

PARTICIPANT/VENDOR INVITE

(Date)

(Place PTA logo here)

(Contact Person)

(Participant/Vendor name)

(Address)

(City, State, Zip)

Dear (Contact Person):

On behalf of (your PTA name), I would like to invite your (organization / business / practice / company) to participate in our Health & Wellness Fair on (date). The event will be held from (start time) to (end time) at (location). The objectives of our Fair include: (*change below per your theme/focus)

- To increase health awareness and disease prevention by providing health screenings and educational information
- To educate individuals on safety issues.
- To increase awareness of local, state and national health services and resources.
- To motivate attendees to take positive steps towards healthy behaviors.

This FREE event will provide a valuable service to our community and is expected to draw a large number of children, parents, and seniors from the community to participate and learn about health and safety issues. We want to provide (fill in your requested activities/screenings, etc.) as well as a variety of informative booths. We are asking each participant to provide some form of educational material to be handed out, to demonstrate a service or product, or to provide a health screening of some sort. There is no cost to participate. (If you have chosen to charge a fee for participation, include that here. Sample text: A participation fee of (\$fee) is being charged to help offset Fair expenses.) Each participant will have a table and 3 chairs to display materials, business cards, and necessary equipment. Due to our large Spanish/ Polish/etc demographic, we expect some attendees may need information translated. This is a wonderful opportunity to interact with families in our neighborhood and we look forward to having you participate.

Please complete the attached response form and return to (contact person from your PTA name) by (date). If you have any questions, please contact (contact person's name and phone number

or email). With your participation, we can connect the families of (community name/city name/town name) to the services, information, and resources available and necessary to make positive strides toward healthier lives.

Thank you for your

consideration. Sincerely,

(Name of PTA President)

(Your PTA name)

(Name of PTA) Health & Wellness Fair Participant Response Form

- No, unfortunately, I will be unable to participate in the (Name of PTA) Health & Wellness Fair in person; however, I would be interested in providing health-related materials. A list materials which will be provided is below (please include translated materials if possible).

Please mail this completed response form to (Contact person of Name of PTA), (address) no later than (date requested back).

Thank you for agreeing to participate in the (Name of PTA) Health & Wellness Fair. Please mail this completed form to (Contact person of Name of your PTA), (address) no later than (date requested back).

- YES I WILL PARTICIPATE in the (Name of PTA) Health & Wellness Fair on (date).

Organization/Agency/Company Name _____

_____ Address _____

Daytime phone _____ Cell phone _____

Email address _____

Service and information you will be providing: Please include detailed description of the services you will provide. If possible, please have translated information available to hand out the day of the event. _____

Please list any equipment, audio-visual, space or special requirements you may have/need.

SAMPLE FAMILY INVITE

ATTENTION ALL PARENTS OF (your school name here)!

(your PTA name here) is sponsoring a Health & Wellness Fair at (location) from (start time) to (end time) to increase health awareness and disease prevention by providing health screenings and educational information, to educate individuals on safety issues, and to increase awareness of local, state, and national health services and resources. We also hope to motivate all attendees to take positive steps towards healthy behaviors.

You'll find answers to many of your health questions, gather useful take-away information, possibly get a health screening done, get a flu shot, and maybe have a little fun at the same time! Take a more active role in your health and your family's health!

Stop by the Health & Wellness Fair—a great time will be had by all!!

If you have any questions, contact the Health Fair Chairperson (*contact name and phone number/email).