



## **Potential Future Location Survey**

If you have an interest in bringing a Walk to your community, please print this survey form, fill it out, and send it to the address at the bottom. Walk locations will be selected based on a number of criteria, including available leadership in the community, a strong basis for a planning committee (support group, community contacts), a 2- to 3- mile route along paved paths (an off-street loop is preferable, but not required), connections to the business community for sponsorships, and local participation in the Virtual Walk (new this year).

City/State of Proposed Walk Location: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

FAAN may share my name and email address with other interested individuals from my community.

**Check and complete those that apply:**

- I am a member of a food allergy support group.
- Name of food allergy support group: \_\_\_\_\_
  - Other food allergy support groups in your community: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I am willing to serve as the Walk Chair for this event.

I am willing to serve as the Walk Co-Chair for this event. My other Co-Chair/s is/are (if you know of anyone):

\_\_\_\_\_

\_\_\_\_\_

I would prefer to volunteer on the committee instead of leading the committee. I have spoken with \_\_\_\_ (number) of people who are willing to serve as Chair/Co-Chair and I have asked him/her/them to also complete this form.

Name(s) of those interested: \_\_\_\_\_

\_\_\_\_\_

I am willing to volunteer for the following committee(s):

- Sponsorship:** Involves recruiting sponsors at various levels to help cover costs and ensure the financial success of the event.
- Logistics:** Involves securing and organizing the entertainment, security, trash, decorations, children's activities, and other logistical needs for the day of the event.
- Publicity:** Helps secure promotional opportunities for the FAAN Walk for Food Allergy through various media outlets, merchants, and corporations.
- Walker Recruitment:** Involves meeting with corporate, spiritual, civic, and youth leaders to sign them up to participate and form teams.

I have spoken with \_\_\_\_ (number) of people who have already committed to serving on the planning committee.

I am interested in participating in a Walk in my community, but cannot participate in the planning or serve on a committee.

**Please complete the following:**

FAAN Walk routes should be a 2- to 3- mile paved path. A loop works well but is not required. The path must be paved to accommodate strollers and wagons. The following locations within the community would be suitable for a FAAN Walk (include approximate route distance, if known): \_\_\_\_\_

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I have checked the community calendar and feel the following date(s) would be best to host a Walk: \_\_\_\_\_

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Yes, the location(s) I listed are available on the best date(s) I listed.

I want to be part of a FAAN Walk for Food Allergy because: \_\_\_\_\_

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This community is perfect for a FAAN Walk for Food Allergy because: \_\_\_\_\_

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Please return this form to the FAAN Walk Department at:  
The Food Allergy & Anaphylaxis Network  
11781 Lee Jackson Highway, Suite 160  
Fairfax, VA 22033  
Or fax to 703-691-8403

