



EXPANDED CHURCH RESPONSE (ECR) TO HIV/AIDS TRUST
Responding to HIV/AIDS through the Churches in Zambia

EVENT FORM

Type of Event: PSS Health Education
Food/Nutrition Legal services

Purpose of the event:

Date of Event: ____/____/____
 day month year

Estimated Number of OVC attending: [_____]

Number of males: [_____] Number of females: [_____]

Number aged 12-17: [_____]:

Number of staff/volunteers at the event: [_____]

Event recorder (print name) _____

Date: ____/____/____
 day month year