

Flu Shot Clinic Information

Dear [Recipient's Name],

We are pleased to announce that our annual flu shot clinic will be held on [Date] at [Location]. The clinic will operate from [Start Time] to [End Time].

Please find the details below:

- **Date:** [Date]
- **Time:** [Start Time] - [End Time]
- **Location:** [Address or Venue]
- **Eligibility:** All individuals aged [Age Requirement] and older
- **Cost:** [Free/Cost Information]
- **Requirements:** Please bring your health insurance card, if applicable.

For more information, or to pre-register for the clinic, please contact us at [Contact Information].

We hope to see you there!

Best regards,

[Your Name]

[Your Organization]

[Contact Information]