

CHILDREN' S SAFETY VILLAGE OF CENTRAL FLORIDA

OUT REACH PROGRAM

REQUEST FORM

TODAY'S DATE:

CONTACT PERSON:

ORGANIZATION NAME:

SCHOOL ADDRESS:

CITY STATE ZIP

SCHOOL PHONE: ()

E-MAIL ADDRESS

PROGRAM SELECTED: 30 MINUTE PROGRAM / \$50 PER PROGRAM

STRANGER AWARENESS
 IN AND AROUND VEHICLE

BIKE & HELMET SAFETY

SPECIAL PROGRAM : Finger Printings \$10.00 per student (minimum 10)

Set up must be indoors and we will need to have electricity, a table and two chairs.

GRADE LEVEL:

NUMBER OF STUDENTS:

CHOICE OF DATES: 1ST _____

2ND _____

SCHEDULED PROGRAM TIME:

PROGRAM LOCATION AT SCHOOL:

DIRECTIONS: