

Safer New Mexico Now

Event Request Form

Form prepared by: _____

Date submitted: ____/____/____

Please complete this form with as much applicable information as possible, and mail to:

3220 Richards Lane, Suite A
Santa Fe, NM 87507

or fax to: IPRC Administrator (505) 471-3965

Safer New Mexico Now (**Safer**) appreciates your efforts to help protect New Mexico families. If you have any questions regarding this form, please call **Safer** at (800) 231-6145.

EVENT DETAILS

Type of Event: Child Safety Seat Clinic Other _____

Event date: ____/____/____ Starting time: _____ Ending time: _____

Person requesting: _____

Agency/Organization: _____

Mailing address: _____

County: _____

Phone: _____ Fax: _____ E-mail: _____

Physical location of event: _____

Will there be participation by local **law enforcement** agencies? YES NO

Please list participating law enforcement agencies: _____

Will you require Spanish-language materials or Spanish-speaking technicians? YES NO

Other participating organizations: _____

STAFFING

Please list **NAMES and PHONE NUMBERS** of certified **CPS Technicians** able to attend this event:

_____	_____
_____	_____
_____	_____
_____	_____

Who is responsible for notifying and confirming technicians? _____

Who is dedicated to setup and teardown of this event? _____

How many **volunteers** are available to work this event? _____

SUPPLIES

How many **child safety seats** are being donated or purchased for clinic from outside sources? _____

Are you requesting additional child safety seats from **Safer** for this event? YES NO

Convertibles _____ Combination (Booster w/ harness) _____ High-back BPB's _____ Low-back BPB's _____

What will be done with any **Safer** seats not used at this event? _____

Do you have tents available? YES NO

If not, will you need to use **Safer's** tents? YES NO

Who will supply **bottled water** for technicians and volunteers? _____

If necessary, who will supply food for technicians and volunteers? _____

MEDIA

How will the event be publicized? _____

Will you need **flyers**? YES NO How many flyers will you need? _____

Will you need a **news release** or **public service announcement**? YES NO

Flyers/news release to be mailed/delivered to (name and address): _____

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Potential scheduling conflicts:

Contract: _____ *# of events this contract year:* _____

Estimated cost of seats, including shipping: \$

*Who will serve as **Senior Technician** ?* _____

Senior Technician ID#: _____ *Miles each way:* _____

*Estimated **Safer** expense for Senior Technician services:* \$

*Number of **Safer** team members needed to work event:* _____

*Will **Safer** van or SUV be needed? YES NO At what time?* _____

Who will drive van? _____

Approved _____ Not approved _____ Reason not approved: _____

President's Signature

Date