

Safer New Mexico Now

Event Request Form

Please complete and return this form to Safer
To help ensure a successful event, we encourage you to submit this form
at least 30 days prior to the requested event date

Safer New Mexico Now
9400 Holly Ave NE, Suite 201
Albuquerque, NM 87122
TEL: (800) 231-6145
FAX: (505) 332-7757
EMAIL: info@safernm.org

Together, we can leave our mark on child passenger safety, one seat at a time.

Form prepared and submitted by: _____ Date submitted: ____/____/____

EVENT DETAILS

Type of Event: Child Safety Seat Clinic Other _____

Event date: ____/____/____ SUN MON TUE WED THU FRI SAT

Starting time: _____ Ending time: _____

Person requesting: _____

Agency/Organization: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____ Fax: _____ Email: _____

Physical location of event: _____

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

If yes, please list participating law enforcement agencies: _____

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? _____

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

SUPPLIES

Are child safety seats being donated or purchased for clinic from outside sources? YES NO

If yes, please indicate the number of each seat being donated below:

Convertibles _____ Combination (Booster w/ harness) _____ High-back Boosters _____ Backless Boosters _____

Will there be any funds donated for this event? YES (Amount: \$ _____) NO

Will shade be provided to technicians and attendees during the event? YES NO

Will **bottled water and/or food be provided** for technicians and volunteers? YES NO

MEDIA

How will the event be publicized? _____

Will you need a **flyer** emailed to you to distribute? YES NO

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

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

Senior Technician - Miles each way: _____

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

Approved _____ Not approved _____ Reason not approved: _____

CEO Signature

Date

Internal Notes: