



EVENT REQUEST FORM

Please complete and return this form to Safer.

TEL: (800) 231-6145	FAX: (505) 332-7757	EMAIL: info@safernm.org
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Request submitted by: _____

Date submitted: ____ / ____ / ____

To ensure a successful event, we encourage you to submit this form at least **30 DAYS PRIOR** to requested event date.

EVENT DETAILS

Type of Event	<input type="radio"/> Car Seat Clinic	Event Date: ____ / ____ / ____ SUN MON TUE WED THU FRI SAT	Start Time	End Time
	<input type="radio"/> Other _____			
	TWO-HOUR LIMIT			

Physical Location of Event	Point of Contact	Agency/Organization			
	Mailing Address:	City	State	Zip	County
	Phone:	Fax:	Email:		

STAFFING

Participating Law Enforcement Agencies	Other Participating Organizations	NAME and PHONE for Certified CPS TECHNICIANS Attending Event	
How many volunteers are available to work this event?		<input type="text"/>	

SUPPLIES

Are car seats being donated or purchased for clinic from outside sources? If yes, indicate quantity below:

Convertibles Forward-Facing with Harness High-Back Boosters Backless Boosters

Will there be funds donated to Safer for this event? Y (Amount) \$ _____ N

Is the event area shaded for technicians, volunteers, and attendees? Y N

Will bottled water and/or food be provided for technicians and volunteers? Y N

MEDIA

How will the event be publicized?

Will you need:

Event Flyer	Y	N
News Release	Y	N
PSA	Y	N

Name of Senior Technician/Instructor	Miles (Round Trip)	Estimated Safer Expense for Senior Technician Services	\$

Event Details

Technicians Confirmed	Y N
Tents/Sandbags	Y N
Signs/Standards	Y N

Date: ___ / ___ / ___
INITIALS

Event Point of Contact

Confirmation Sent

Y N

Date Sent: ___ / ___ / ___

INITIALS

Senior Technician/Instructor

Confirmed

Y N

Date Sent: ___ / ___ / ___

INITIALS

INTERNAL USE ONLY

Approved	<input type="radio"/>
Not Approved	<input type="radio"/>

Reason Not Approved

Chief Executive Officer Signature

Date: ___ / ___ / ___

Internal Notes