

Presentation/ Event Request

Today's Date: _____ Organization: _____

Contact: _____ Ph: _____ Fax: _____

Event Name (If applicable): _____

TYPE OF REQUEST

Presentation Date: _____ Time: _____ to _____

CPC Information Table Location: _____

Child Find _____

Mini POPAT # of participants: _____

(Obstacle course) Average age of participants: _____

Other (please specify): _____

Purpose of event:

Purpose and nature of HSCPC's involvement:

Office Use

Comments:

Staff: _____ Confirmation date: _____

Working together for a safe community

The Hastings Sunrise Community Policing Centre works in partnership with the Vancouver Police Department



Other Partners:

