

Presentation/Event Request

Today's Date: _____ Organization: _____

Contact: _____ Ph: _____ Email: _____

Event Name (If applicable): _____

TYPE OF REQUEST

Presentation ☐ Date: _____ Time: _____ to _____

CPC Information Table ☐ Location: _____

529 Bike Registry ☐ _____

Mini POPAT ☐ # of participants: _____
(Obstacle course)

Other (please specify): _____ Average age of participants: _____

Purpose of event:

Purpose and nature of HSCPC's involvement:

HSCPC Office Use

Comments:

Staff: _____ Confirmation date: _____

Working together for a safe community