

HALLOWEEN SAFETY SERVICE REQUEST FORM

Organization Requesting Event/Service:

Company Name _____

Company Address _____

City/State/Zip _____

Telephone _____ Fax _____

Company Representative _____

E-mail _____

Signature _____ Date _____

Written event proposal must include: (Please attach separate sheet, if necessary)

- Brief Description of event *(include the number of children/parents/professionals you expect to reach, projected date, time, & location of the proposed event, and approximate cost of event)*

- Describe how this event supports the mission of Safe Kids Columbus coalition.

- Document your organization's commitment through participation and resources *(include your organizations funding, number of volunteers, and availability of event equipment/supplies)*

All event proposals must be submitted in writing **60 days** prior to suggested event date. The Safe Kids Columbus Board, which meets monthly, will review and consider all event proposals. Applicants will be notified of event proposal/service request acceptance or denial, within 10 days following a regularly scheduled Board Meeting.

Send completed proposals to:

Christy Hubbard
Safe Kids Columbus
2100 Comer Avenue
Columbus, GA 31904-2299
e-mail: info@safekidscolumbusga.com
Fax: (706) 321-6326