

MOTOR VEHICLE 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.
- Document your Organizations commitment through participation and resources
(to 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 of 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:

Jacquetta Jackson
Safe Kids Columbus
P.O. Box 2299

Columbus, GA 31902-2299

E-mail: jeackson6@gdph.state.ga.us

Fax: (706) 321-6326

The mission of Safe Kids Columbus is to reduce trauma and deaths due to accidental injuries in children 14 and under.