



# PROGRAM REQUEST FORM

SKS office use ONLY

Date of Event \_\_\_\_\_

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Date of Response \_\_\_\_\_

*All program requests must be submitted in writing prior to the event date. The Safe Kids Savannah Coalition, which meets the 2<sup>nd</sup> Tuesday of each month, will review and consider all program requests. Applicants will be notified of program requests acceptance or denial, within 10 days following a regularly scheduled coalition meeting.*

## CONTACT INFORMATION

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: (office) \_\_\_\_\_ (cell) \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EVENT INFORMATION

Date of Event: \_\_\_\_\_ Time of Event: (set-up) \_\_\_\_\_ (start) \_\_\_\_\_ (end) \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Hosted/Sponsored by: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Street Address of Event: \_\_\_\_\_

Requested Materials / Program Topic / Equipment: \_\_\_\_\_

Target Audience \_\_\_\_\_

Expected # of Attendees: Children (0-14) \_\_\_\_\_ Teens (15-19) \_\_\_\_\_ Adults (20+) \_\_\_\_\_

What resources would your organization be able to commit?

Tables: # \_\_\_\_\_  Chairs: # \_\_\_\_\_  Power Source  A/V Equipment

Drinks for volunteers  Food for volunteers  Other: \_\_\_\_\_

### Send Completed Requests to:

**Alison M. Gramza, CPSTI**

**Safe Kids Savannah**

**P.O. Box 14257**

**Savannah, GA 31416-1257**

**Phone: 912.353.3148**

**Fax: 912.356.2969**

**E-Mail: [amgramza@dhr.state.ga.us](mailto:amgramza@dhr.state.ga.us)**

**[www.safekidssavannah.org](http://www.safekidssavannah.org)**

