



Request for Child Passenger Safety Check Up Event/Workshop

Requests for check up events or workshops must be requested a minimum of 3 months (90 days) prior to desired event date.

Type of event: Check up event Helmet Fitting Education Workshop

Name of person requesting event/workshop: _____

Agency/business requesting: _____

Address: _____

Phone Number: _____

E-mail: _____

Event Location: _____

Desired event/workshop/education material date/s requested: _____

Do you have any funds to support your event? Yes (amount) \$ _____ No

We are requesting assistance with the following (check all that apply):

- Educational Materials
- Car seats, booster seats, bike helmets, _____
- CPS Technicians and/or Senior Checkers
- Other Volunteers
- Event facility/location to hold event

Expected number of participants/seats to be checked:

- 10-25
- 25-50
- 50-75
- 75-100
- 100-250
- 250+

Other information: _____

