



**PROGRAM
REQUEST
FORM**

SKK office use ONLY	
Date of Event	_____
Date Received	_____
Date Reviewed	_____
Date of Response	_____

All program request must be submitted in writing prior to the event date. The Safe Kids Kingsland Coalition, which meets the 2nd Monday of each month, will review and consider all program request. Applicants will be notified of program request acceptance or denial, with in 10 days following a regularly schedule 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 () Tents
() Drinks for Volunteers () Food For Volunteers () Other: _____

SEND COMPLETED REQUEST TO:
Charles Roney, Safe Kids Kingsland Coordinator
P. O. Box 250
Kingsland, GA 31548
Phone: 912-729-8206
Fax: 912-729-7618
Email: coordinator@safekidskingsland.org