**Presenter’s Educational Program**

**Contact Form**

**(To be completed by the presenting enforcement officer immediately**

**after each school presentation)**

|  |  |
| --- | --- |
| **Presenter’s Name(s):** |  |
| **Agency or Organization:** |  |
| **County:** |  |
| **Address:** |  |
| **Email and Phone:** |  |

**Program Information (Put an X below the Program completed)**

|  |  |  |
| --- | --- | --- |
| **“Sit Back It’s Elementary”** | **“Survival 101”** | **“16 Minutes”** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Date of Presentation** | **# of Presentations** | **# of**  **Students** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | | **(YES or NO)** |
| **Did you contact your?** | **CTSP** |  |
| **Regional BUPA LEL** |  |
| **PennDOT Safety Press Officer** |  |

|  |
| --- |
| **Did any of the above Partners attend or assist with the program(s)? If yes, please explain:** |
|  |

|  |  |  |
| --- | --- | --- |
|  | | **(YES or NO)** |
| **Media: Did any media attend or report the event? If so, attach documentation.** | |  |
|  | | | |
| **Additional Remarks:** |  | | |

**Please complete and return no later than 1 week after your program.**

**Fax to 570-628-2419**

**or**

**Email to BUPA at** [**buckleuppa@nchsn.org**](mailto:buckleuppa@nchsn.org)