



# DALWORTHINGTON GARDENS DEPARTMENT OF PUBLIC SAFETY

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## PUBLIC EDUCATION & COMMUNITY ACTIVITIES

Event Date:		Event Start Time:		Event End Time:	
Requestors Name:		(Position, if applicable)		Alternate Contact Person	
Email Address:		Home #:		Cell #	
Name of Organization:			Address:		
<b>Program/Activity Requested (details needed to ensure proper curriculum &amp; materials)</b>					
Age Range:		Approx. number of attending		If more than one group	
				How many groups:	Approx. number in each:
FOR INTERNAL USE ONLY					
Date request received:			Received by:		
Approved by:	Date Approved:	Entered by:		Date entered:	