CHOOL/E	VENT	F	Police District #	
Address		Zip Code	Ward	
SCHOOL C	ONTACT NAME		Title	
Phone		Fax		
Principal Na	me			
lave you ha	ad us at your school before	? □ yes □ no		
⊒ Students ^{2nd} Grade Pe	5	ns (45 minutes) Please provide a Second Choice	TV/VCR for pedestrian presentations	
Grade	Room Number			
Olddo	100m Hambol	Trocontation otal rimo	1 1000Hation End 1HHO	
	icycle Safety Presentation choice			
	icycle Safety Presentation		Presentation End Time	
Date: First	icycle Safety Presentation choice	Second Choice		
Date: First	icycle Safety Presentation choice	Second Choice		
Date: First	icycle Safety Presentation choice	Second Choice		
Date: First	icycle Safety Presentation choice	Second Choice		
Date: First	icycle Safety Presentation choice	Second Choice		

Ambassador Office use only Date received ______ Date confirmed ______ By whom _____