

Midtown Medical Center West
616 19th Street | Columbus, GA 31901
706.321.6720 | safekidscolumbusga.org

EVENT/SERVICE REQUEST FORM

Organization Requesting Event/Service:

Company Name _____

Company Address _____

City/State/Zip _____

Telephone _____ Fax _____

Company Representative _____

E-mail _____

Signature _____ Date _____

Written event proposal must include: (Please attach separate sheet, if necessary)

- Brief Description of event *(include the number of children/parents/professionals you expect to reach, projected date, time, & location of the proposed event, and approximate cost of event)*
- Describe how this event supports the mission of Safe Kids Columbus coalition.
- Document your organization's commitment through participation and resources *(include your organizations funding, number of volunteers, and availability of event equipment/supplies)*

All event proposals must be submitted in writing **30 days** prior to suggested event date. The Safe Kids Columbus Advisory Council, which meets monthly, will review and consider all event proposals. Applicants will be notified of event proposal/service request acceptance or denial, following a regularly scheduled Council Meeting.

Send completed proposals to:

Print form, fill it out, and send it to or email it
Safe Kids Columbus
710 Center Street
Columbus, GA 31901

E-mail: safekidscolumbusga@piedmont.org

If you have any additional questions, or if you have not received a confirmation response within 48 hours of making your request by email please call our office, at 706-321-6720

The mission of Safe Kids Columbus is to reduce childhood trauma and deaths due to accidental injuries in children 18 and under.