



PUBLIC EDUCATION EVENT FORM

Station: _____

From Requester (complete this section):
Requested By: _____ Requested Date: _____
Date of Event: _____ Beginning Time: _____ Ending Time: _____
Event: _____
(e.g., block party, carnival, school fair, etc.)
Approximate Number of Adults: _____ Children: _____
Location: _____
Contact Person: _____ E-Mail: _____ Phone: _____ Date: _____

Include any handouts/brochures for event (if applicable). Email form to Fire.Prevention@northcentralfire.org

To: Fire Company or Individual(s):
Engine # _____ Truck # _____ Other _____ is/are scheduled for the above event.

Special Instructions:

THIS SECTION TO BE COMPLETED AFTER EVENT BY STATION MEMBERS AND RETURNED TO FIRE PREVENTION.

E/T Company _____ with following crew members: _____
Attended event on: _____ from: _____ to: _____

Please answer the following questions in regards to this event.

Approximate number of people in group or event: _____

Estimate: Adults _____ (ages) 18-25 25-46 47-65 Over 65
 Children _____ (grades) Preschool K-3 4-6 7-8 9-12

Majority ethnicity of group (estimate):
 African American Asian Caucasian Hispanic Native American

Comments:

Please enter any comments you may have in regards to this event. The information provided will be helpful and may be used for future grants.