



BeSeatSmart Child Passenger Safety Event Request Form

Event Information (Please allow at least 2 weeks for request to be finalized)

Event Date: \_\_\_\_\_ Time/From: \_\_\_\_\_ To: \_\_\_\_\_ (Usually 2-3 hours in duration for a seat check event)

Event Location including address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

Purpose or Theme of event: \_\_\_\_\_

Number of participants anticipated (Adults/Children): \_\_\_\_\_

Has the event been held before and what was the outcome: \_\_\_\_\_

Event Needs

Table with 4 columns: Item, YES, NO, Unsure. Rows include Car Seats checked by certified technicians, Child Passenger Safety information table/display, Child Passenger Safety seat presentations, and Other.

Logistics

Is there a safe location for us to park our BeSeatSmart SUV and is there a large open area in a parking lot if this is a seat check event? \_\_\_\_\_



When is the earliest we can set-up? \_\_\_\_\_

Is there a restroom available to staff and the public? \_\_\_\_\_

Other information: \_\_\_\_\_

Please mail or email to: Child Passenger Safety Program, Vermont Department of Health, 108 Cherry St., Suite 201, Burlington, VT 05401, tanya.wells@vermont.gov