



## SAFETY AMBASSADOR REPORT FORM

Please complete this form and fax it to Eliza Waterman at 816-421-7758.

Event Information	Example
Name	John Doe
Event Name	Independence Day Rodeo
Event Contact	Jane Doe (816)555-5555
Address: _____	3202 Raytown Rd. Raytown, MO
Date: (    /    /    )	( 07/ 04 /07 )
Starting Time:        :        ( AM / PM)	10:00 AM
Duration: (        ) Hours	(3) Hours

Event Venue			
Check the appropriate box.			
<input type="checkbox"/> Classroom	<input type="checkbox"/> School Assembly	<input type="checkbox"/> After School Event	<input type="checkbox"/> Bicycle Rodeo
<input type="checkbox"/> Other        Please Describe: _____			

Age of Participants		
Check all appropriate boxes.		
<input type="checkbox"/> 1-4 (Preschool)	<input type="checkbox"/> 8 (3 <sup>rd</sup> Grade)	<input type="checkbox"/> 12 (7 <sup>th</sup> Grade)
<input type="checkbox"/> 5 (Kinder garden)	<input type="checkbox"/> 9 (4 <sup>th</sup> Grade)	<input type="checkbox"/> 13 (8 <sup>th</sup> Grade)
<input type="checkbox"/> 6 (1 <sup>st</sup> Grade)	<input type="checkbox"/> 10 (5 <sup>th</sup> Grade)	<input type="checkbox"/> 14 and older
<input type="checkbox"/> 7 (2 <sup>nd</sup> Grade)	<input type="checkbox"/> 11 (6 <sup>th</sup> Grade)	

Number of Participants				
Check the appropriate box.				
Intervals of 10		Intervals of 50	Intervals of 100	Intervals of 500
<input type="checkbox"/> 1-10	<input type="checkbox"/> 51-60	<input type="checkbox"/> 101-150	<input type="checkbox"/> 501-600	<input type="checkbox"/> 1001- 1500
<input type="checkbox"/> 11-20	<input type="checkbox"/> 61-70	<input type="checkbox"/> 151- 200	<input type="checkbox"/> 601-700	<input type="checkbox"/> 1501- 2000
<input type="checkbox"/> 21-30	<input type="checkbox"/> 71-80	<input type="checkbox"/> 201-250	<input type="checkbox"/> 701-800	<input type="checkbox"/> 2001- 2500
<input type="checkbox"/> 31-40	<input type="checkbox"/> 81-90	<input type="checkbox"/> 251-300	<input type="checkbox"/> 801-900	<input type="checkbox"/> 2501- 3000
<input type="checkbox"/> 41-50	<input type="checkbox"/> 91-100			

**Where bicycle helmets distributed? YES / NO**  
 If, yes how many? \_\_\_\_\_

**Where any videos or DVDs shown? YES / NO**  
 If, yes which ones? \_\_\_\_\_

**Where any educational materials distributed? YES / NO**  
 If, yes which ones and how many? \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_