



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, Dartmouth Hitchcock Medical Center, Injury Prevention Center at CHaD, 1 Medical Center Drive, Lebanon NH 03756, info@beseatsmartnh.org