

# SUSANVILLE FIRE DEPARTMENT

PUBLIC EDUCATION PROGRAM

SCHEDULING

FAX 257-5535

Date \_\_\_\_\_  
Name of person requesting \_\_\_\_\_  
Type of program  School  Extinguisher  Station tour  \_\_\_\_\_  
Facility for program  Fire department  \_\_\_\_\_  
Address for presentation \_\_\_\_\_  
Requesting persons affiliation \_\_\_\_\_  
Contact for presentation \_\_\_\_\_  
Phone number for contact \_\_\_\_\_  
First date and time (after 10:00 am) for presentation requested \_\_\_\_\_  
Second date and time (after 10:00 am) for presentation requested \_\_\_\_\_

## School

Grade \_\_\_\_\_  
Ages \_\_\_\_\_  
Special needs Y N What type of needs \_\_\_\_\_  
Number of programs for day and time \_\_\_\_\_  
Program request (ie 9-1-1, EDITH) \_\_\_\_\_  
Time available for each \_\_\_\_\_

## Extinguishers

Number of people \_\_\_\_\_

## Station Tour

Number of people \_\_\_\_\_  
Grade or age group \_\_\_\_\_  
Special needs Y N What type of needs \_\_\_\_\_  
Number of programs for day and time \_\_\_\_\_  
Program request (ie 9-1-1, EDITH) \_\_\_\_\_  
Time available for each \_\_\_\_\_

## Other

Type of presentation \_\_\_\_\_  
Number of people \_\_\_\_\_  
Grade or age group \_\_\_\_\_  
Special needs Y N What type of needs \_\_\_\_\_  
Number of programs for day and time \_\_\_\_\_  
Program request (ie 9-1-1, EDITH) \_\_\_\_\_  
Time available for each \_\_\_\_\_

BC copy \_\_\_\_\_ Recorded \_\_\_\_\_ File \_\_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_