

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 person's 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

Shift approval _____ BC copy _____ Recorded _____ File