



WELCOME

To receive future notification of child passenger safety activities, update classes, conferences and other correspondence related to child passenger safety, please complete this form.

PLEASE PRINT CLEARLY:

If you are being trained as part of your job, please list **your job contact information**.

COUNTY: _____

(Where you will be listed on the Safe Kids web site – ONE county only)

NAME: _____

TITLE: _____

AGENCY: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

CELL PHONE: _____

EMAIL: _____

LIST LANGUAGES SPOKEN (other than English): _____

I have provided the above information to be made available on the Safe Kids web site.
I understand that this information can be accessed by anyone using the internet.

Signature: _____ **Date:** _____