



Report of Coalition Membership Activities

Name of agency: _____

Name of event: _____

Date of event: _____ City: _____

Location: _____

Program area:

- Bike Safety Child Passenger Safety Traffic Safety Fire/Burn Safety
 Gun Safety DUI Pedestrian Safety Poison Prevention
 High Risk Drivers Other: _____

Type of event:

- Health/Safety Fair Event Presentation Material Distribution Other: _____

If this event was part of a SAFE KIDS/Safe Communities Campaign please check here: _____

Target Audience:

- Parents Senior Citizens Professional Organization Other: _____
 Children: Preschool Elementary Junior High Senior High

Approx. # of Contacts: _____

Materials Used: (please list all materials used and borrowed)

How was the event marketed? (Please attach examples or forward through e-mail)

- Fliers TV Radio Newspaper Other: _____

Evaluations: (if surveys or written evaluations were completed, please attach copies)

Description of event: (please use back if more space is needed)

Comments regarding event or materials used:

Report completed by: _____ Phone: _____

Total hours committed to project: _____ Other sponsors _____

Please fax completed forms to (216) 983-1180

All fields must be filled in for reporting purposes. If you have any questions please contact the Rainbow Injury Prevention Center at 216-983-1110.