

**Greater Cleveland SAFE KIDS/Safe Communities Coalition  
2010 Playground Safety Form  
Membership Participation Form**

**Community/ Group:** \_\_\_\_\_

**Approximate Date(s):** \_\_\_\_\_

**All items free of charge/quantities limited/while supplies last**

<b>Campaign Materials</b>	<b>Quantity</b>
<b>Brochure</b>	<input type="checkbox"/> 1 pack <input type="checkbox"/> 2 packs <input type="checkbox"/> 3 packs <p align="center"><b>Packs of 25</b></p>

Name of sponsoring agency: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address for shipping: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Please fax responses to 216-983-1180.**

<b>Office Use Only</b>	
Date Filled: _____	Initials: _____
Date Sent/Picked Up: _____	Initials: _____
Activity Report? <input type="checkbox"/> Yes Date: _____	