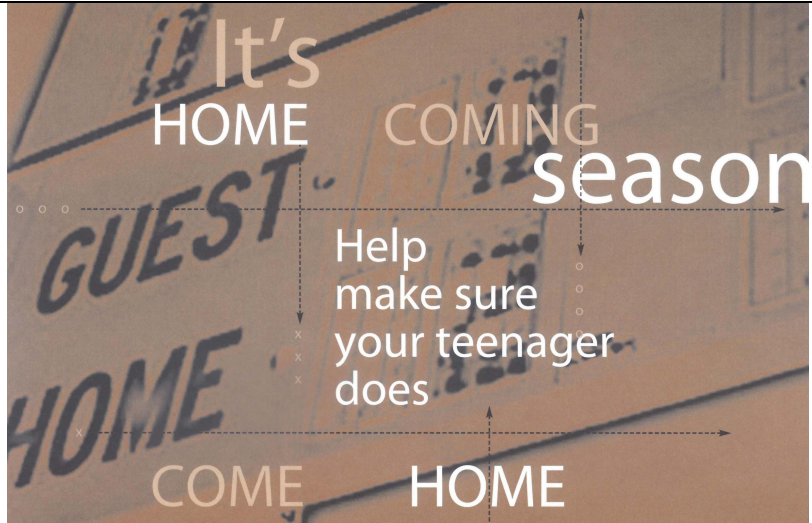


**Greater Cleveland SAFE KIDS/Safe Communities Coalition  
2010 Homecoming  
Membership Participation Form**

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

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

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

Campaign Materials	Quantity
	<p><b>Homecoming Safety Cards</b>  <input type="checkbox"/> 25                      <input type="checkbox"/> 50</p>

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

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

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

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

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