

Greater Cleveland SAFE KIDS/Safe Communities Coalition

**My Ride My Rules
Teen Traffic Safety
Membership Participation Form**

Yes, our agency will conduct the Poison Prevention Awareness.

Community/ Group: _____

Approximate Date(s): _____

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

Campaign Materials	Quantity
Posters	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Maracas	<input type="checkbox"/> 10 <input type="checkbox"/> 20
Book Covers	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Bookmarks	<input type="checkbox"/> 25 <input type="checkbox"/> 50
Auto Air Fresheners	<input type="checkbox"/> 25 <input type="checkbox"/> 50
Tip Jars/Auto organizers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Hot Cards	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Download Music Cards	<input type="checkbox"/> 25 <input type="checkbox"/> 50
Window Clings (6 versions)	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15
Spin Wheel	<input type="checkbox"/> Loan Date: _____
Table Cloth	<input type="checkbox"/> Loan Date: _____

Name of sponsoring agency: _____

Mailing address: _____

Contact name: _____

Phone number: _____ E-mail address: _____

Please return responses via fax to 216-983-1180.

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