

**Greater Cleveland SAFE KIDS/Safe Communities Coalition
2012 Burn Prevention Awareness Week
Membership Participation Form**

Yes, our agency will participate in Burn Prevention Awareness Week.

Community/ Group: _____

Approximate Date(s): _____

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

Campaign Materials	Quantity
Learn Not to Burn Curriculum CD	<input type="checkbox"/> Yes
Master Sheets <ul style="list-style-type: none"> • Child Certificate • Parental Tip Sheets • Activity Sheet 	<input type="checkbox"/> Yes

Name of sponsoring agency: _____

Contact name: _____

County: _____

Mailing address _____

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: _____	