



BeSeatSmart Child Passenger Safety
Event Request Form

Event Information (Please allow at least 2 weeks for request to be finalized)

Event Date: _____ Time/From: _____ To: _____

Event Location including address: _____

Contact Name: _____ email: _____ phone: _____

Purpose or Theme of event: _____

Number of participants anticipated (Adults/Children): _____

Has the event been held before and what was the outcome: _____

Event Needs

Car Seats checked by certified technicians	YES	NO	Unsure
Child Passenger Safety information table/display	YES	NO	NA
Child Passenger Safety seat presentations	YES	NO	NA
Other: _____	YES	NO	NA

Logistics

Is there a safe location for us to park our BeSeatSmart SUV and is there a large open area in a parking lot if this is a seat check event? _____



When is the earliest we can set-up? _____

Is there a restroom available to staff and the public? _____

Other information: _____

Please mail or email to:
Child Passenger Safety Program
Vermont Department of Health
108 Cherry St., Suite 201
Burlington, VT 05401
Sidney.bradley@vermont.gov