



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: \_\_\_\_\_  
(Usually 2-3 hours in duration for a seat check event)

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](mailto:Sidney.bradley@vermont.gov)