



Return form to our office by:
 email: admin@maddlondon.com fax: (519) 645-1380
 or by mail:
 MADD London Chapter
 P.O. Box 27066, London, ON, N5X 3X5

EVENT REQUEST FORM

Thank you for your interest in having MADD London come to your event. Please complete this form to the best of your ability so that we can ensure we staff your event to the best of our ability. **Two weeks' notice is required for all requests** (we cannot guarantee attendance if less notice is given).

Name: _____

Company: _____

Address: _____ City: _____ Postal Code: _____

Email _____ Telephone: _____

Name of Event			
Date of Event			
Time of Event		to	
Expected Attendance		Age Range:	
Location of event:			
Contact Person <small>*if different from above</small>			
Contact Phone <small>*if different from above</small>	()		
Contact Email <small>*if different from above</small>			
Parking	<input type="checkbox"/> YES <input type="checkbox"/> NO Cost: \$		
Details of the Event			
Additional Notes			

OFFICE USE ONLY

<input type="checkbox"/> Display Board	<input type="checkbox"/> Victim Wall
<input type="checkbox"/> Fatal Vision Goggles	<input type="checkbox"/> Campaign 911 Banner
<input type="checkbox"/> Simulator Car	
Volunteers required (two per shift) ____ Shifts Required ____	

Due to the fact that all events are staffed with volunteers, in rare instances we may have to cancel our attendance at our event. Every effort is made to ensure we are able to attend.