



**KENTUCKY OFFICE OF HIGHWAY SAFETY
KYTC DISTRICT 3
CHILD PASSENGER SAFETY EVENT FORM**



NAME: _____

AGENCY: _____

POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

DATE & TIME OF EVENT: _____

RAIN DATE: _____

SPECIFIC REASON FOR INTEREST IN A CPS EVENT?

WOULD YOU BE INTERESTED IN SCHEDULING A ONE HOUR CPS PRESENTATION?
(CIRCLE ONE)

YES NO

COMMENTS:

