

Canine Partners for Life Demonstration Request Form

Name of organization: _____

Mailing address of organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Contact person for organization: _____

Contact's email: _____

Contact's phone: _____

PLEASE PROVIDE:

Location of demonstration: _____

Is it wheelchair accessible? _____

Where did you hear about our presentations? _____

Description of group: _____

Background on why you are requesting demonstration: _____

Size of group: _____ Approximate age range: _____

Time needed for presentation: _____

Describe room set-up (i.e. auditorium, classroom, indoors, outdoors, stage):

Date requested for presentation: _____

Alternate date if 1st date is not available: _____

Start Time: _____

End Time: _____

DONATIONS FOR PRESENTATIONS: We would welcome a donation for our demonstration/presentation as it helps cover expenses for handouts, staff time and mileage.

If you have any questions, please contact our Outreach and Volunteer Coordinator, Amanda Walton, at 610-869-4902 X229 or awalton@k94life.org.

Print out, complete form and mail to:

Canine Partners for Life P.O. Box 170 Cochranville, PA 19330

Or email to: awalton@k94life.org

Thank you!