In order to ensure that we are fully prepared to assist you with your presentation on Saturday, April 22, please complete the form below and return it in the stamped, addressed envelope provided. If you have any questions or concerns, please do not hesitate to call ______ at _______. We’re looking forward to making this a fun and educational day for everyone. Your participation and support are very sincerely appreciated.

Presenter Name(s): __________________________
T-shirt size: S _ M _ L _ XL _
Telephone Number: ____________________________
Title of Presentation: __________________________
Do you need any special equipment? 
Easel ___________ Overhead Projector ___________
Slide projector ___________ TV/VCR ___________
Other ___________
Will you need a table and/or chairs? 
Yes ☐ No ☐
If yes, how many tables? _ _ _ _ , chairs? _ _ _ _
Will you require a sound system? 
Yes ☐ No ☐
Location preference (e.g., grassy area or gravel, inside or outside):
__________________________________________
__________________________________________
Do you have any suggestions to assist us in making the Farm Safety Day-Camp a safe and positive learning experience?
__________________________________________
__________________________________________
To assist us in evaluating the camp program, on the back of this form, please write down two short questions about your topic that may be used in a camp “safety quiz.”