



**YOUTH CRIME WATCH OF MIAMI-DADE COUNTY
PRESENTATION REQUEST FORM**

Today's
Date: _____

School: _____ Contact
Name: _____

Requested Dates of Presentations: _____

Preferred Time(s): _____

Approximate Number of Participants: _____ Grade Level(s): _____

Prevention Location: _____ Auditorium _____ Class-to-Class
 _____ Cafeteria _____ Other (specify)

Presentation Topic(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol Prevention | <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Impaired Driving |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Drug Prevention | <input type="checkbox"/> Peer Mediation |
| <input type="checkbox"/> Auto Theft Prevention | <input type="checkbox"/> Gangs | <input type="checkbox"/> Personal Safety |
| <input type="checkbox"/> Bicycle Safety | <input type="checkbox"/> Graffiti / Vandalism | <input type="checkbox"/> Reporting Crimes |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Gun Prevention | <input type="checkbox"/> School Violence |
| <input type="checkbox"/> Character Education | <input type="checkbox"/> Halloween Safety | <input type="checkbox"/> Seat Belt Safety |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Stranger Danger |
| <input type="checkbox"/> Cyber safety | <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Tobacco Prevention |
| <input type="checkbox"/> _____ McGruff | <input type="checkbox"/> _____ Other (specify) | |

Additional information that maybe helpful to the presenter:

**Please fax this request to the attention of your School Coordinator at 305-470-1676.
Please submit requests at least 2 weeks in advance of requested presentation date.**