



**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:

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**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.**