



**YOUTH CRIME WATCH
OF MIAMI-DADE COUNTY**

A program of Citizens' Crime Watch of Miami-Dade County

PRESENTATION REQUEST FORM

Today's Date: _____

School: _____

Contact Name: _____

Requested Date(s) of Presentations: _____

Preferred Time(s): _____

Approximate Number of Participants: _____

Grade Level(s): _____

Presentation Location: _____ Auditorium

_____ Class-to-Class

_____ Cafeteria

_____ Other (specify)

Presentation Topic(s):

____ Anger Management

____ Reporting Crimes/Warning Signs

____ Bicycle Safety

____ School Violence Prevention

____ Bullying/Cyberbullying Prevention

____ Seatbelt Safety

____ Character Education

____ Sexting Prevention

____ Cybersafety

____ Stranger Danger

____ Dating Violence

____ McGruff

____ Drug/Alcohol Prevention

____ Other (specify)

____ Gun Safety Awareness

____ Halloween/Holiday Safety

____ Personal Safety

Additional information that maybe helpful to the presenter:

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

****I grant Citizens' Crime Watch of Miami-Dade County to take photographs of Youth Crime Watch of Miami-Dade Presentations/Assemblies for inclusion of social media coverage for educational & publicity purposes.***

***Signature:**