WELCOME

To receive future notification of cps activities, update classes, conferences and other correspondence related to child passenger safety, please complete this form.

PLEASE PRINT CLEARLY:

Please indicate any information you want withheld from the public.
If you are being trained as part of your job, please list your job contact information.

COUNTY: _____
(Where you will be listed in the directory – ONE county only)

NAME: _____

TITLE: _____

AGENCY: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____

CELL PHONE: _____
(Cell phone # ***will not*** be listed on the GTSC website unless you list it as your phone #.)

EMAIL: _____

LIST LANGUAGES SPOKEN (other than English)**:** _____

I have provided the above information to be made available on the Safe Kids and Governor's Traffic Safety Committee's web sites. I understand that this information can be accessed by anyone using the internet.

☐ Check here if you DO NOT wish to be listed on the Safe Kids & GTSC Websites.

Signature: _____ **Date:** _____

Revised: 6/29/2011