



Child Safety Matters

Lesson Request Form

Desired Date(s) for Lesson: _____ Date Requested: _____

Lesson 2: _____

Name/Title of Person Making Request: _____

Name of School/Organization: _____

Street Address: _____ City/ZIP: _____

Phone #: _____ Email: _____

Grade Levels to be Taught: _____

*Please attach a schedule of classes we will teach the lesson to. Include number of students, grade level, and times each session begins/ends.

Comments/Special Instructions: _____



MONIQUE BURR
FOUNDATION FOR CHILDREN

