

PRESENTATION REQUEST FORM

 Date of Request:

|  |
| --- |
| **Information** |
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| --- | --- |
| **Where did you hear about YD:** |       |

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| --- | --- | --- | --- | --- | --- |
| **Contact Details:** |       |       |       |       |       |
|  | Name | School/Organization | Address | Province | Postal Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Details:** |       |       |       |       |
|  | Requested Date(DD/MM/YY) | Location | Size of Audience | Additional Information: |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |       | Email: |       |

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| **Presentation Options** |
| [ ]  #KYPP Primary (grades 1 – 3)[ ]  #KYPP JR (grades 4 – 6) [ ]  #KYPP (grades 7 +)[ ]  #KYPP Adapted (for young adults with I.D.)[ ]  Beyond Bullying JR (grades 6 – 8)[ ]  Beyond Bullying (grades 9+)[ ]  See Different Workshop[ ]  Social Media & Your Kids (for parents) |  |
| **Any Additional Information**  |
| Please provide us with any information you feel is relevant for staff to be aware of (i.e. ongoing issues at the school, specific areas of concern, etc.): |
|  |
| Indicate approximate audience size and location.      |
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| **Availability** |
| Upon receiving the request, what are the best days and times to contact you?      |
| Date Referral is Received (Diversion Staff Only):       |