



2009/2010 HIGH SCHOOL PROGRAM REQUEST FORM

Please call CAPS to confirm your program dates!

Return to CAPS by fax or mail
Fax: 516-621-3767
CAPS, PO Box 176, Roslyn, NY 11576
516-621-0552 or 631-289-3240

School \_\_\_\_\_ District \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Help us keep our costs down. Can we communicate with you by e-mail? [ ] Yes [ ] No

E-mail \_\_\_\_\_

1. WHICH CAPS PROGRAM(S) WOULD YOU LIKE TO SCHEDULE?

CAPS student programs are at no cost to schools. Scheduling is on a first-come basis, so please call to confirm your program dates, and to arrange parent programs and faculty/staff development.

Table with 3 columns: PROGRAM, FOR GRADE(S) (circle), NUMBER OF CLASSES. Rows include Date/Acquaintance Rape Prevention, SurfSafe!, and Child Abuse Prevention.

Call CAPS for information on our PARENTING PROGRAMS and FACULTY / STAFF DEVELOPMENT.

2. WHEN WOULD YOU LIKE CAPS TO VISIT YOUR SCHOOL? PROGRAMS ARE NOT AUTOMATICALLY SCHEDULED UPON SUBMISSION OF THIS FORM!! Call to confirm your program schedule.

First Choice Dates

Alternate Dates