



Pharr-Fire-Rescue

Presentation Request Form



The information that you provide on this form will be used by the Pharr Fire-Rescue to prepare for your organization's upcoming fire prevention presentation. **Please give two (2) weeks advance notice for presentation.** Received By: _____

Name of Business _____ **Contact Person:** _____

Address of Presentation: _____ **Phone Number:** _____ **Fax Number:** _____

Date of Presentation: _____ **Time of Presentation:** _____ **Length of Presentation:** _____

Language Preference: English Spanish **Total Children:** _____ **Total Adults:** _____

School Presentations

Workplace/Business Presentations

Other Presentations

- | | | |
|---|---|---|
| <input type="checkbox"/> General Fire Safety (Speaker)
<input type="checkbox"/> Fire Prevention for schools
<input type="checkbox"/> 3rd Grade Fire Safety Trailer
<input type="checkbox"/> Fire Truck Demonstration
<input type="checkbox"/> Career Day (Speaker)
<input type="checkbox"/> Home Fire Safety
<input type="checkbox"/> Health Fair
<input type="checkbox"/> Station Tour (St 1,2,3) _____ | <input type="checkbox"/> General Fire Safety (Speaker)
<input type="checkbox"/> Fire Extinguisher Demonstration
<input type="checkbox"/> Burn Pan Demonstration *
<input type="checkbox"/> Safety In the Workplace
<input type="checkbox"/> Fire Drill
<input type="checkbox"/> Hotel/ Motel Fire Safety
<input type="checkbox"/> Health Fair | <input type="checkbox"/> Fire Truck Demonstration
<input type="checkbox"/> Station Tour (St 1,2,3) _____
<input type="checkbox"/> Fire Safety House *
<input type="checkbox"/> Health Fair
<input type="checkbox"/> Block Party
<input type="checkbox"/> Parade
<input type="checkbox"/> Special Topic Programs
<input type="checkbox"/> Other _____ |
|---|---|---|

Note: * If you are requesting the Fire Safety Trailer, a Burn Pan Demonstration, or a Fire Extinguisher Demonstration it may be cancelled during inclement weather conditions or as per City of Pharr Fire-Rescue needs.

Grade Level	Date	Starting Time	Ending Time	Total Number of Students	Total Number of Adults
Total Number of Students----->					

Pharr Fire-Rescue Administration Only

Date _____

Received: _____ Prevention Chief: _____ Date: _____

Added to _____

Calander: _____ Suppression Chief: _____ Date: _____

Assigned: B1 B2 B3 St.1 St. 2 St.3 *Unscheduled Hours yes no Hours Worked: _____

**Only if Unscheduled Hours being requested:*

Asst. Chief: _____ Date: _____

Fire Chief: _____ Date: _____

Telephone: (956) 402-4400 * Fax (956) 475-3433 * 118 S Cage Blvd., 3rd Floor * Pharr, Texas 78577