



# 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 or Organization: \_\_\_\_\_ 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

- General Fire Safety (Speaker)
- Fire Prevention for schools
- 3rd Grade Fire Safety Trailer
- Fire Truck Demonstration
- Career Day (Speaker)
- Home Fire Safety
- Health Fair
- Station Tour (St 1,2,3) \_\_\_\_\_

### Workplace/Business Presentations

- General Fire Safety (Speaker)
- Fire Extinguisher Demonstration
- Health Fair
- Safety In the Workplace
- Fire Drill
- Hotel/ Motel Fire Safety

### Other Presentations

- Fire Truck Demonstration
- Station Tour (St 1,2,3) \_\_\_\_\_
- Fire Safety House \*
- Health Fair
- Block Party
- Parade
- Special Topic Programs
- Other \_\_\_\_\_

Note: \* If you are requesting the Fire Safety Trailer, it may be cancelled during inciemment weather conditions or as per City of Pharr Fire-Rescue needs.

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

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**Pharr Fire-Rescue Administration Only**

Date Received: \_\_\_\_\_ Prevention Division Head: \_\_\_\_\_ Date: \_\_\_\_\_

Added to Calander: \_\_\_\_\_ Suppression Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Chief / Training: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel: B1 B2 B3 B4 B5 B6 St. 1 St. 2 St. 3    Unscheduled Hours    yes  no  Hours Worked:

\*Only if Unscheduled Hours being requested:

Asst. Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_