PROGRAM REQUEST FORM
(Please Check All that Apply)

☐ Child Identification
☐ Darkhouse
☐ Event: ________________________________
☐ Home Security Inspection
☐ Neighborhood Watch
☐ Operation I.D.
☐ Presentation: ________________________________
☐ R.A.D. – Rape Aggression Defense
☐ Tour: ________________________________
☐ Video Identification
☐ VIN Etching
☐ Other: ________________________________

Name: ____________________________________________
Address: ____________________________________________
Phone: ____________________________________________
E-mail: ____________________________________________
Preferred Contact Method: _____ Phone _____ Email

Please return the completed form by mailing to the address or fax to the number above.