



Division 4

BUCKLE UP Kids in Cars



EVALUATION FORM

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

I PARTICIPATED IN THE FOLLOWING ACTIVITIES

- Safety Belt Check: Date _____
- Distributed Information: # _____
- Child Safety Seat Check: Date _____
- Spoke at School(s): # _____
- Gave Presentation to Adults: # _____
- Raised Funds for Seats: \$ _____
- Other _____
- Purchased Booster Seats: # _____

