Lake Humane Society  
Stay Safe Bite Prevention Program  
Scout Patch Program

Contact Information:

Organization Name: ___________________________________________  Date: ______________
Address: ______________________________________  City: _____________  Zip: ____________
Contact Person: ___________________________________________  Title: _______________________
Phone: __________________________  Email: ___________________________________________

Program Interest:

Be A Tree: __________  Reach and Teach: __________  Scout Patch Program: __________
(Pre K – 4th Grade)  (5th – 7th Grade)  ($5 fee per child)

No. of Children attending: ____________  Patch Program total: $____________

Check: Enclosed _____  Will Send _____  (Checks payable to Lake Humane Society)

Scheduling Information:

Presentations are 30 – 45 minutes in length and offered the following days/times:

Mondays- 3 pm to 6:30 pm  Wednesdays- 3pm to 6:30 pm.

First Choice:
Date: ________________  Date: ________________  Date: ________________
Start Time: __________  Start Time: __________  Start Time: __________

Second Choice:

Third Choice:

Other Comments: ________________________________________________________________

__________________________________________________________________________

Please return to: Lake Humane Society
ATTN: Stay Safe Bite Safety Prevention
7564 Tyler Boulevard, Bldg. E
Mentor, Ohio 44060
scheduling@lakehumane.org  (440) 951-6122 Ext. 116