



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

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.

1st Choice:

2nd Choice:

3rd Choice:

Date: _____

Date: _____

Date: _____

Start Time: _____

Start Time: _____

Start Time: _____

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