

# Strong Families ~ Safe Kids

## Child Abuse Prevention Month Activities

### EVENT

Event Name or Activity Name: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

### CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DESCRIPTION OF ACTIVITY

Type in a brief description of the activity: \_\_\_\_\_

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Permission is given to print and distribute the above information:

\_\_\_\_\_  
Signature

Please fax, mail, or email this form to:

### Prevent Child Abuse Missouri

Attention: Christy Kempker

Missouri KidsFirst

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Jefferson City, MO 65101

Phone: 573-632-4600

Fax: 573-632-4601

Email: [christy@missourikidsfirst.org](mailto:christy@missourikidsfirst.org)

[www.missourikidsfirst.org](http://www.missourikidsfirst.org)

