

# BOOKING FORM

## Health & Safety Awareness Presentation

COMPLETE AND FORWARD THIS FORM TO THE ADMINISTRATOR:  
 Email Address: hsapregistrations@wsps.ca Fax #: 905-614-1414

School Name	<b>Contact Name &amp; Dept.</b> At the School:		
Street Address	Tel:	Fax:	
City	E-mail:		
Province	Postal Code	<b>Alternate Contact:</b>	
Tel:			
Fax:	E-mail:		
Program Type: <input type="checkbox"/> Classroom <input type="checkbox"/> Assembly	Language of Instruction	<input type="checkbox"/> English	<input type="checkbox"/> French

Please provide the following information for each session.

Date of Session	Start Time / Finish Time	# of Students Expected	Teacher on duty
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Special Notes (special interest, challenges, co-op, grade)

AV Requirements	Overhead:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	TV/VCR:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Multimedia Projector:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Facilitator Information 1		Facilitator Information 2	
<b>Name:</b>		<b>Name:</b>	
Company:		Company:	
Tel:	Fax:	Tel:	Fax:
E-mail:		E-mail:	

### Session Verification – to be completed by Teacher/Facilitator

Final # of students per session		<b>Please Note</b>
1. _____	Teacher's Initial - _____	This section has to be completed by either the Teacher or Facilitator
2. _____	Teacher's Initial - _____	
3. _____	Teacher's Initial - _____	
4. _____	Teacher's Initial - _____	

**Teachers are required to remain in the classroom during the presentation.**

FOR WSPS USE	Additional Comments
Facilitators Expenses	Please note that an incomplete form will not be processed for expenses. Submit this completed form with your expense claim form and all receipts. Receipts must be original and submitted within 30 days of function.
Mileage _____	
Meals _____	
Function #:	Confirmation #