



KIDZONE Application

Date: _____

Community Name: _____

Community Contact Person: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

PROGRAM REQUESTED: _____

.....

_____ agrees to participate in the
(Community Name)

KidZone program by holding at least ONE (1) Child Safety Seminar per year in our community.

We also agree that at least 10 children accompanied by an adult or legal guardian will attend this safety seminar to attain KidZone status.

We understand that failure to abide by this agreement will result in the removal of the KidZone sign(s) from our community.

Community Representative

Date

Community Traffic Safety Team Rep.

Title

Complete this application and return to:

COMMUNITY TRAFFIC SAFETY TEAM - KIDZONE
c/o Willie Allen, Seminole County Traffic Engineering
140 Bush Loop, Sanford FL 32773
or
Fax it to: 407 665 5623