



CRIMES AGAINST KIDS ELIMINATED! INC.
REQUEST APPLICATION

I. Organizational Data:

Your Name: _____ Today's Date: _____

Organization Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone#: _____ Cell Phone#: _____

E-Mail address: _____

II. Event Type: Please Circle One of the Three Choices:

Speaker

Fair/Table Event

Workshop

III. Event Details:

Event Date: _____

Event Time: _____ (Start/End Time)

Event Location: _____

Additional Details:

Return to: C.A.K.E! 4760 Preston Rd, Suite 244 Frisco, TX 75034 or fax to: 214-705-9819