



WESLACO POLICE DEPARTMENT COMMUNITY OUTREACH DIVISION

Today's date: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Name of Organization: _____

Organization Address: _____

Date of Presentation: _____ Times: _____

Topic: _____

Estimated # of Participants: _____ Specific Requests: _____

Age Range:**Grade Level:**

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 5-7 | Elementary |
| <input type="checkbox"/> 8-10 | Middle School |
| <input type="checkbox"/> 11-13 | High School |
| <input type="checkbox"/> 14-18 | Other (Please specify type of group or audience) |
| <input type="checkbox"/> Adults | |

****Please return the registration form at least two (2) weeks prior to the event/presentation****

Please Return This Form To: Weslaco Police Department
300 S. Bridge Ave
Weslaco, TX 78596

Phone: (956) 968-8591 ext.2006
Email: weslacopdpars@weslacotx.gov

FOR OFFICE USE

DATE CONFIRMED: _____

ASSIGNED TO: _____