



Electrical Safety Presentation for 4th, 5th & 6th Graders

Elementary School Information:

School Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Office Number: _____

Teacher Information:

Teacher Name: _____

Cell #: _____ Email: _____

Day of Week: _____ Date: _____

Presentation Times (Min 25 students to a Max of 40 Students, per session)

Session 1: _____ AM to _____ AM Student Count: _____ Grade: _____

Session 2: _____ AM to _____ AM Student Count: _____ Grade: _____

Session 3: _____ AM to _____ PM Student Count: _____ Grade: _____

Session 4: _____ PM to _____ PM Student Count: _____ Grade: _____

Total: _____

Please fill out the blue areas and email to the following:

Email: JCarpenter@tep.com

