



Led By



Roster Request & Permission Form

First Name: _____

Last Name: _____

Title: _____

Agency: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Please add me to the Safe Kids Greater Sacramento email list so I can receive Coalition meeting notices, injury prevention news, local event information, and important coalition announcements.

I give permission for the Safe Kids Greater Sacramento roster containing my contact information to be shared with members of the Safe Kids Greater Sacramento coalition only.

Signature _____

Date _____

Please return this form by email to:
Jennifer Rubin, Coalition Coordinator, jennifer.rubin@dignityhealth.org
Phone: 916-864-5684 Fax: 916-864-5693