

Alberta Provincial Rural Crime Watch Association

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Request for Wise Owls Presentation

Request Date: _____

Presentation Date(s): _____

Association/Organization: _____

Address: _____

Zone: _____

Contact Person - Name: _____

Phone #: _____

Email: _____

Administrative Use Only

Presenter Assigned: _____

Contacted Via: Email

Telephone

Fax

Text Message

Other: _____

Date Contacted: _____

KM travelled to do presentation: _____

Meals: Yes

No

Accommodations: Yes

No

Number In Attendance: _____