

ILLINOIS FRATERNAL ORDER OF POLICE

PROJECT BLUE LIFE – REQUEST FORM

Name of Organization: _____

Address: _____

Contact person: _____ Cell # _____

I _____ hereby request the Project: Blue Life Program be presented at

I believe use of the Disaster Response Trailer **will / would not** be needed in this presentation.

I understand that certain security measures may be needed in some locations and agree to assist or find assistance if needed.

I understand this is a pro-active community outreach program funded by the IL. Fraternal Order of Police and although no fee is required, a donation is certainly welcome to offset costs associated with having instructors travel to my community.

I also agree that should more than two state legislators be anticipated to attend, I will notify the State Lodge, so arrangements can be made for a public relations specialist to be on hand at the event.

I also agree to hold harmless, to the fullest extent possible the ILFOP, its officers, directors and assigns from damages whether real or imagined, resulting from the presentation of this program.

The date I request is _____ at _____ am/pm my backup dates are _____

_____. Comments: _____

Signature of Requester

Date

Project Blue Life Coordinator is Chair of Trustees – Terry Trueblood, his contact TX is 217-821-4378 or uiudiver@gmail.com upon receiving this request he will inquiry as to availability of qualified instructors and check the calendar, as this is a first come first served program.