



# SAFE NIGHT

2016

**When: June 11, 2016**  
**Where: Lawrence County Fairgrounds**  
**Time: 6:00 pm-10:00pm**

## About Safe Night

Safe Night is an evening promoting the prevention of alcohol, tobacco, and other drugs and promotes non-violence among youth in our community. Safe Night supports healthy lifestyles as well. Again this year we are encouraging the community to participate through booths.

**Return form by: April 29, 2016**

To: Nichole Krahenbuhl  
 500 W Main St. Mitchell, IN 47446  
 OR Fax: 812-849-6974  
 OR nkrahenbuhl@hoosieruplands.org  
 Phone: 812-849-4447 ext. 382  
 Questions: Nichole Krahenbuhl

Each booth must spread a prevention message encouraging youth and families to be healthy and safe. This is a FREE event for families; therefore, no products or services may be sold at the event. Booths are welcome to pass out appropriate promotional material that advertises their business and/or services as long as it contains alcohol, tobacco, and other drug use prevention messages or other health and safety messages.

This year booths are to be interactive to encourage active participation of youth and families. For example, face painting, games, etc.

Tables inside the Expo Hall will be available. For the safety of participants, if a booth consists of games or activities that involve hitting or throwing of objects, it will be placed outside or in another building. Our goal is to keep everyone safe and comfortable. Tables and chairs inside the Expo Hall will be available only to booths assigned inside the Expo Hall. If your booth is placed outside the Expo Hall, you will need to provide your own table and chairs. If you need any special accommodations (space for floor displays, demonstrations, activities, or need extra chairs, etc.), this will be on a first reply, first serve basis, and can be indicated below. Please have your booth set up by **4:00 pm** on Saturday, June 11, 2016. After we receive your registration, we will contact you with any questions, concerns, or placement issues that may arise. Thank you for your willingness to support Safe Night.

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Years involved with Safe Night: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Activity and/or Topic of Booth: \_\_\_\_\_

Special Accommodations if necessary: \_\_\_\_\_