



# MADD

Activism | Victim Services | Education

## FATAL VISION GOGGLE REQUEST FORM

**REQUEST MUST BE RECEIVED 3 WEEKS PRIOR TO EVENT.**

Send Regular Mail to Attn Julie Mattson, MADD Minnesota, 155 South Wabasha Street, Suite 104, St. Paul, MN 55107  
or FAX TO 651-523-0817.

**TODAY'S DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AFFILIATION:** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

I would like to request Fatal Vision Goggles for the following event:

**EVENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

**NUMBER OF EXPECTED ATTENDEES:** \_\_\_\_\_

**PURPOSE OF EVENT:** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*Please note: The **MAXIMUM** length of time for any requested item is 7 calendar days. This includes both pick-up and return date. Please submit the request form ASAP to ensure that the Fatal Vision Goggles are available for your requested date.

**PLEASE FAX TO 651-523-0817. REQUEST MUST BE RECEIVED 3 WEEKS PRIOR TO EVENT.**