



American Trauma Society,
Pennsylvania Division

American Trauma Society, Pennsylvania Division

Information Release

I give the American Trauma Society, PA Division, its designees, agents and assigns, unlimited permission to use, publish and republish in any form of media, information about me and reproductions of my likeness (photographic or otherwise) and my voice, with or without identification of me by name.

Name (Please Print) _____ Age (If minor) _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____ Phone (optional) _____

Consent of parent or legal guardian if above individual is a minor.

I consent and agree, individually, and as parent or legal guardian of the minor named above, to the foregoing terms and conditions.

Signature _____ Relationship _____

Producer, writer or photographer Name _____

Activity and location _____



American Trauma Society,
Pennsylvania Division

STEP RIGHT UP!

ATSPA / PA FBLA Program/Event Request Form

Program/Event Requested: _____

Requested by: _____

Organization website address: _____

Event Date(s): _____

Event Time(s): _____

Event Location(s): _____

Event Address(es): _____

Materials Needed for Event: _____

Number of Volunteers Needed: _____

Directions to Event Location(s): _____

Event Contact Person(s): _____

Telephone number(s): _____

Email address(es): _____



FOR THE RECORD!

ATSPA/PA FBLA Program/Event Completion Record

Name of Program/Event held: _____

Event Date(s): _____

Event Time(s): _____

Event Location(s): _____

Event Address(es): _____

Number of Volunteers Used For Event: _____

Number of Hours Volunteered For Event: _____

Total monies raised from event (if applicable): _____

Event Contact Person(s): _____

Telephone number(s): _____

Email address(es): _____



YOU BE THE JUDGE!

ATSPA/PA FBLA Program/Event Evaluation

Name of Program/Event: _____

Event Date(s): _____

Event Location(s): _____

What did you like about this program/event? _____

What did you dislike about this program/event? _____

What would you change about this program/event? _____

What is one interesting thing you learned? _____

Name (optional): _____

Email address (optional): _____



The American Trauma Society, Pennsylvania Division

Request for Assistance

Please submit this form to the American Trauma Society, PA Division office.

Name of Event: _____		
Address: _____	City: _____	State: _____
Phone: _____	Fax: _____	
Date(s) of Event: _____	Time(s) of Event: _____	# of Participants: _____
Please give a brief description of your event: _____ _____		

Requesting Organization: _____	Date: _____	
Contact Person: _____		
Address: _____	City: _____	State: _____
Phone: _____	Fax: _____	
Email: _____		

I am requesting:

_____ Brochures (how many? _____)

_____ Guest Speaker

- | | | |
|------------------|--|---|
| Topic(s): | _____ Bicycle Safety | _____ Binge Drinking programs |
| | _____ Lightning Safety | _____ Safety Day Camp |
| | _____ Kind Conflict | _____ Be Alert...Trauma Hurts! |
| | _____ T.S.I.: Trauma Scene Investigation | _____ Farm Safety Day Camp |
| | _____ Child Safety Seat Checkpoint | _____ Preventing Youth
Athletic Injuries |



THE AMERICAN TRAUMA SOCIETY, PA DIVISION
SCHOOL CAMPAIGN PLAN

PLEASE COMPLETE AND SEND A COPY TO:
AMERICAN TRAUMA SOCIETY, PA DIVISION
2 FLOWERS DRIVE
MECHANICSBURG, PA 17050

Name of School Holding Campaign: _____

School Address _____

City, State, Zip _____

Phone Number _____

Sponsoring Organization _____

Advisor's Name _____

Advisor's Phone _____

Advisor's Email Address _____

Campaign Date: _____

Campaign Title: _____

DAY 1 CAMPAIGN IDEA: _____

DAY 2 CAMPAIGN IDEA: _____

DAY 3 CAMPAIGN IDEA: _____

DAY 4 CAMPAIGN IDEA: _____

DAY 5 CAMPAIGN IDEA: _____



**THE AMERICAN TRAUMA SOCIETY,
PENNSYLVANIA DIVISION
SCHOOL CAMPAIGN SIGN UP**

STUDENT COMMITTEE CHAIRPERSONS

- 1. NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____
- 2. NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

STUDENT COMMITTEE MEMBERS (AS MANY AS NEEDED)

- 1. NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____
- 2. NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____
- 3. NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

4. **NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

5. **NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

6. **NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

7. **NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

8. **NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BIRTH DATE: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____



AMERICAN TRAUMA SOCIETY, PA DIVISION
SCHOOL CAMPAIGN EVALUATION

Please complete each of the following questions and send a copy to:
American Trauma Society, PA Division
2 Flowers Drive
Mechanicsburg, PA 17050

When was your campaign held? _____

Where was your campaign held? _____

How much money did you raise? _____

How many total volunteer hours were spent? _____

Which activities were most successful?

Describe the involvement of your committee members.

What would you do differently for the campaign next time?

Would you consider this campaign successful? Why or Why Not?



**AMERICAN TRAUMA SOCIETY
PENNSYLVANIA DIVISION
ORDER FORM**

BROCHURES	QUANTITY
Bike Smart Club	
C2H5OH, Dying to be the Life Of The Party	
It's An Act Of Love	
Kind Conflict	
Lightning Can Be A Real Shock!	
Pieces Of The Puzzle: A Comprehensive Alcohol Curriculum For Middle Schoolers	
Watch Your Step: Being Safe and Sensible At Home	
Way To No: An Alcohol Prevention Program For Middle School Students	
FLIP CHARTS	QUANTITY
Emergencies And What To Do About Them	
What To Do About Youth Athletic Injuries	
COLORING BOOKS/ACTIVITY BOOKS	QUANTITY
OUCH! Anybody Can Get Hurt! (coloring book)	
TEAM HELMET Activity Book	
BICYCLE HELMETS	QUANTITY
Extra Small (Head Circumference: 18.75-20.5 inches or 48-52 cm)	
Small (Head Circumference: 20.5-22 inches or 52-56 cm)	
Medium (Head Circumference: 21.25-22.75 inches or 54-58 cm)	
Large (Head Circumference: 22.75-24.5 inches or 58-62 cm)	
PROGRAM MANUALS	QUANTITY
How To Plan A Bicycle Derby	
How To Plan A Farm Safety Day Camp	
PROGRAM PROPS	QUANTITY
Bicycle Derby Props (Set)	

To place your order, please place quantity desired next to the item you wish to order and send or fax order form to:

**FBLA ORDERS
AMERICAN TRAUMA SOCIETY, PA DIVISION
2 FLOWERS DRIVE
MECHANICSBURG, PA 17050
FAX: (717) 766-6989**

- Please Note: Supplies are subject to availability. Please allow 4-6 weeks for delivery

PLEASE MAIL ORDER TO:
