

## Presenter Planning Form

Presenter(s) Name: \_\_\_\_\_

T-shirt size:    S \_\_\_\_\_    M \_\_\_\_\_    L \_\_\_\_\_    XL \_\_\_\_\_

Telephone number: \_\_\_\_\_

Title of presentation: \_\_\_\_\_

Do you need any special equipment?      Easel \_\_\_\_\_      Overhead Projector \_\_\_\_\_

Slide projector \_\_\_\_\_ TV/VCR \_\_\_\_\_ Other \_\_\_\_\_

Will you need a table and/or chairs? ☐ Yes ☐ No

If yes, how many tables? \_\_\_\_\_, chairs? \_\_\_\_\_

Will you require a sound system? ☐ Yes ☐ No

Location preference (e.g., grassy area or gravel, inside or outside):

Do you have any suggestions to assist us in making the Farm Safety Day-Camp a safe and positive learning experience?

To assist us in evaluating the camp program, on the back of this form, please write down two short questions about your topic that may be used in a camp "safety quiz".