



Presentation Booking Form

Organization/School Name: _____

Contact Name: _____

Contact Title: _____

Please email details to:

Carly Smith, Youth Outreach Worker
 YMCA Youth Gambling Awareness Program
 Email: csmith@sault.ymca.ca
 Phone: (705) 943-3500

Age/ Grade	Contact Person/ Teacher	Preferred Date	Approx. # of participants	Time*

*Please note that presentations will be modified to suit space, time, and participant needs. Also, youth sessions require a minimum of 45 minutes, while a minimum of 25 minutes is required for adult/professional presentations.

*Once your information is received, I will contact you to confirm presentation dates and times.
 Thank you and I look forward to visiting your school/organization.*