



# REQUEST FOR SPECIAL EVENTS

DATE RECEIVED: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIMES: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

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

Phone: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

Phone: \_\_\_\_\_

MEDIC PERSONNEL: \_\_\_\_\_

MEDIC VEHICLES: \_\_\_\_\_

OTHER VEHICLES: \_\_\_\_\_

OTHER PERSONNEL: \_\_\_\_\_

BILLING-EMAIL ADDRESS IS REQUIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

## SPECIAL INSTRUCTIONS:

TELL VENUES WE HAVE A FOUR HOUR MINIMUM-PRICE FOR PERSONNEL AND EQUIPMENT – IF WE DON'T RECEIVE A CANCEL IN TIME THEY WILL BE CHARGED FOR THE FOUR HOUR MINIMUM. WE NEED INDIVIDUAL CHECKS FOR PERSONNEL AND ONE FOR VEHICLE CHARGES.