



# Request for First Aid Services Coverage

**Please Print**

Name of Group/Organization			
Contact Person		Address	
City	Province	Postal Code	Email:
Contact Phone # (      )	Alternate Phone # (      )	Fax # (      )	

**EVENT**

Name			
Type			
Location			
Date(s)	Alternate Date (Rain)	Time Start:      Finish:	MFR Arrival: MFR Departure:
		Time Start:      Finish:	MFR Arrival: MFR Departure:
		Time Start:      Finish:	MFR Arrival: MFR Departure:
Attach the following if available or applicable: <input type="checkbox"/> Proposed Route Map <input type="checkbox"/> Tentative Site Layout <input type="checkbox"/> Schedule <input type="checkbox"/> Rain Out Plans			
Are the following available on site? <input type="checkbox"/> First Aid Room <input type="checkbox"/> Clean Drinking Water <input type="checkbox"/> Telephone <input type="checkbox"/> Parking			
Special Equipment requested:			
Coverage is requested for: (Please give approximate numbers) Age Group: _____ Participants: _____ Spectators: _____ Both: _____			
If the event is longer than four (4) hours or at meal time(s), is food available on site?		Is complimentary food available for our volunteers? Please specify (i.e. coffee, lunch, etc.)	
Will your organization/group provide us with a donation?		Will you require a charitable receipt?	
Additional information/special comments:			

Signature	Date
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