



## Request for Special Event Coverage

Thank you for interest in Special Event coverage by Care Ambulance Service. This form must be completed in full and emailed to [specialevents@careambulance.net](mailto:specialevents@careambulance.net) for consideration. After receiving your request for Special Event Coverage we will determine if coverage can be offered and notify you.

***If coverage is offered, you will be provided a confirmation and given an estimated cost. All requests must be made at least two weeks prior to the event.*** Factors used to determine whether/how coverage will be offered may include: event crowd size (2,500+), risk factors for participating population, EMS access to venue (area traffic impedance), EMS availability and event impact on 9-1-1 operations. ***Once agreed upon we will schedule the event.***

### SUBMITTER INFORMATION

Event Coordinator:

Title/Position:

Telephone Number/Type:

Cell  Office  Home

Event Status:  City Sponsored Event

City:

Non-Profit / Charity

For Profit

School Demo / Drill

### EVENT INFORMATION

Email address:

Type of Event:  Sporting event (Type)

Community Event  Concert

Festival

Bike Race (Bike)

Running Race

Rally

Parade

Walk-a-Thon

other:

Event Name:

Date:

Event Location (address or venue):

City:

Zip Code:

Crowd Size Estimate (Including staff/volunteers/attendees):

EMS On-Site Time:

Event Start Time:

End Time:

Specific location on property for EMS vehicle(s) to stage, if applicable:

***Maps of the course or venue are required and must be returned with this form unless the venue is a permanent sports or entertainment facility or park.***

### ON-SITE INFORMATION

On-site Contact:

Telephone Number:

### BILLING INFORMATION

Company/Group/Individual:

Tax ID/SS# (if applicable):

Billing Address:

City:

State:

Zip Code: