



St. John Ambulance

Request for Brigade First Aid Coverage

Contact Info

Name of Group/Organization:					
Contact Person:		Address:			
City:		Province:	Ontario	Postal Code:	
Resident Phone #		Business Phone #		Fax #	

Event

Name:						
Type:						
Location:						
Date(s): dd-mm-yy	Alternate Date (Rain): dd-mm-yy		Start Time:	Finish Time:	Brigade Arrival:	Brigade Departure:

Attach the following if available or applicable:

Proposed Route Map
 Tentative Site Layout
 Schedule
 Rain Out Plans

Are the following available on site?

First Aid Room
 Bottled Water
 Telephone
 Parking

Special Equipment Requested:

Coverage is requested for: (please give approximate numbers)

Age Group:	Participants:	Spectator:	Both:
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If the event is longer than four (4) hours or at meal time(s), is food available on site? Choose

Is complementary food available for our volunteers? Choose
Please specify (i.e. coffee, lunch, etc...)

Will your organization/group provide us with a donation? Choose

Will you require a charitable receipt? Choose

Additional information/special comments:

Signature:

Date:

Fax Back to 524-9338