



Special Event Support Request

Date of Request: _____ 20__

All Requests must be received minimum of 30 days prior to the event

Event Name:			
Date / Time:			
Location:			
Duration:			
Contact Info:	Name		
	Organization		
	Address		
	Telephone		extension
email	@		

Request:

- EMT w/ Sports Equipment/Radio (sporting events only)
- Bike Team
- EMT
- Promo Display
- Paramedic
- Educational Visit - Topic _____
- Paramedic Ambulance

Other

Amount budgeted for event EMS Support \$ _____

Additional Notes about the event: *(i.e what, why, how many attending, other info)*

Mail to:

Bill McKenna, Director of Community Relations, Delta Ambulance, 10 Cony Road, Augusta, ME 04330