



Request for Medical First Response Coverage

Please Print

| | | |
|-------------------------------|------------------------------|-------------|
| Name of Group/Organization | | |
| Contact Person | Address | |
| City | Province | Postal Code |
| Residence Phone # () | Business Phone # () | Email |

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: _____ <input type="checkbox"/> Participants: _____ <input type="checkbox"/> Spectators: _____ <input type="checkbox"/> Both: _____ | | | |
| If the event is longer than four (4) hours or at meal time(s), is food available on site? | | Is complementary 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 |
|-----------|------|