



Angwin Community Ambulance *Special Event First Aid Station Request*

POST OFFICE BOX 947 • ANGWIN, CA 94508

Sponsoring Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Contact Phone: _____

Name of the Event: _____

Type and Nature of Event: _____

Date(s) of Event: _____

Location of Event: _____

Length of Event: _____

Known or Estimated Attendance: _____

Desired location of the first-aid station: _____

NOTE: A copy of a map of the special event site must be emailed or attached to this form.

Description of Special Event Communications:

Description of other EMS agencies involved and their role at the event:
