



# 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:

---

---

---

---

---