



# Special Event Coverage Request Form

Thank you for interest in Special Event coverage by A.R.E.A. Services, Inc. This form must be completed in full and emailed to [specialevent@areaambulance.net](mailto:specialevent@areaambulance.net) for consideration. After receiving your request for Special Event Coverage, we will determine if coverage can be offered and notify you.

***If coverage is offered, you will be provided a confirmation and given an estimated cost. All requests must be made at least two weeks prior to the event.*** Factors used to determine whether/how coverage will be offered may include: event crowd size (2,000+), risk factors for participating population, EMS access to venue (area traffic impedance), EMS availability and event impact on 9-1-1 operations. Once agreed upon we will schedule the event and assign a liaison to handle further communications and logistics.

## Submitter Information

Event Coordinator:  Title/Position:   
Telephone Number:   Cell  Office  Home  
Event Status:  City/County Sponsored Event  For Profit  Not-For Profit/Charity  School (Sporting/Demo/Drill)  
City/County:

## Event Information

Email Address:  Name:   
Type of Event:  Community Event  Concert  Running Race  Bike Race  Walk-A-Thon  
 Parade  Festival  Rally  Sporting Event (Type)   
 Other   
Event Name:  Date:   
Event Address/Venue Name:   
City:  Zip Code:   
Crowd Size Estimate (Including Staff/Volunteers/Attendees):   
EMS On-Site Time:  EMS Off-Site Time:   
Event Start Time:  Event End Time:   
On-Site Contact Name:  Telephone Number:   
Designated Location for EMS Vehicles/Staff/First-Aid Stations:

## Billing Information/Payment Method

Company/Group/Individual:   Cash  Check  
Billing Address:   Card  Invoice  
City:  State:  Zip:

Payment information will be collected upon the Special Event Coverage Request Form being approved.