



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			
If the event is off campus, is transportation provided?		Departure time/location from campus:	
Is alcohol served at this event? If so, is the event open or cash bar?		Arrival time/location back to campus:	
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
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