

# Community Service Request Form For Event Coverage

St. John Ambulance  
Oakville-Milton Branch  
407 Speers Road. Unit# 202

www.oakvillesja.com Phone: 905-469-9325 FAX: 905-469-9816 E-MAIL: oakville@on.sja.ca

ATTN: \_\_\_\_\_ FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

## Event Information

Name: \_\_\_\_\_  
\_\_\_\_\_

Type: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Date	Alternate Date(s) Rain Day(s)	Start Time	Finish Time	Coverage Time	
				Arrival	Departure

Attach the Following if Available:

- Proposed Route Map       Tentative Site Layout       Schedule       Rain Out Plans

Are the Following Available On-Site?

- First Aid Room       Clean Drinking Water       Telephone       Parking

Special Equipment Requested: \_\_\_\_\_  
\_\_\_\_\_

Coverage is Requested for (approximate number):

Age Group (Participants): \_\_\_\_\_

Age Group (Spectators): \_\_\_\_\_

Is Complimentary food available for our volunteers? Please Specify (I.e. coffee, lunch, ect.)

Will your Croup/Organization Provide a Donation? \_\_\_\_\_ Charitable Receipt Required: \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



St. John Ambulance  
SAVING LIVES at work, home and play