



# Gilbertsville Fire & Rescue Company

1454 East Philadelphia Avenue • P.O. Box 454 • Gilbertsville, PA 19525  
Phone - 610-367-0277 • [www.gilbertsvillefireandrescue.org](http://www.gilbertsvillefireandrescue.org)

## FIRE PREVENTION / EVENT REQUEST FORM

### REQUESTOR INFORMATION

Organization or Company: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### EVENT INFORMATION

Date of Event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day of the Week Preferred: \_\_\_\_\_

Physical Address of Event: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM / PM Event End Time: \_\_\_\_\_ AM/PM

Age Group: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

# of Boys: \_\_\_\_\_ # of Girls: \_\_\_\_\_ # of Adults: \_\_\_\_\_

Anticipated Special Needs or Accommodations needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Please Select the Type of Event Requested *(Please choose 1 per event request)*

\_\_\_\_ Fire Station Tour      \_\_\_\_ Fire Extinguisher Training      \_\_\_\_ Fire Truck Tour

\_\_\_\_ Fire Prevention Education      Other: \_\_\_\_\_

Please send Completed Request to: [eventsgrfc@gmail.com](mailto:eventsgrfc@gmail.com)

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This form should be submitted 30 Days prior to the date of your scheduled event**