



# *MulticulturalFirstAid.com*

## *Request For Event Medical Services*

### ORGANIZATION

Organization Name:			
Contact Name:		Contact Title:	
Street Address:			
City:		Postal Code:	
Phone:		Email:	
Billing Department:			

### EVENT INFORMATION

Event Name:			
Event Contact Person:		Contact Title:	
Phone (Day of Event):		Email:	
Event Street Address:			
City:		Postal Code:	
Location Details:			
Event Start DATE:		Event End Date:	
Event Start TIME:		Event End Time:	
Event Website:			
Setup Time:		110v Provided?	
How Many Attending?		Age Demographic:	

### EVENT LOGISTICS

Event Indoors or Outdoors?	In <input type="checkbox"/> Out <input type="checkbox"/> Both <input type="checkbox"/>
Number of Locations?	If more than one, describe:
Type of Event and Activities Taking Place:	
Describe Additional Resources On-Site:	
Describe Vehicle/ Parking Access:	
Site Map Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/> Reserved Responder Parking; Yes <input type="checkbox"/> No <input type="checkbox"/>
2-Way Radio Provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allied agencies attending?	None <input type="checkbox"/> Police <input type="checkbox"/> Other EMS <input type="checkbox"/> Fire <input type="checkbox"/> Security <input type="checkbox"/> if other EMS describe -
Restrooms Are REQUIRED NEAR Event Medical Services.	Are Restrooms Close? Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Available to Purchase On-Site?	Yes <input type="checkbox"/> No <input type="checkbox"/> Food Details:
Will Alcohol be Served?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered Charity Fundraiser?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### EVENT TYPE

Cultural Event <input type="checkbox"/>	Musical Event <input type="checkbox"/>	Theatrical Event <input type="checkbox"/>
Sporting Event <input type="checkbox"/>	Corporate Event <input type="checkbox"/>	TV/Film Production <input type="checkbox"/>
Community Event <input type="checkbox"/>	Race/Walk-A-Thon <input type="checkbox"/>	Parade <input type="checkbox"/>
Other Type of Event (Describe):		

## TERMS OF AGREEMENT

1. Services are provided from designated start time until designated end time. Additional time may be approved with mutual consent between both parties.
2. Mileage beyond 30km (total for round-trip) is assessed and charged at a rate of 50 cents per kilometer. This amount will be calculated using 'Google Directions', and included in the invoiced total (no surprises).
3. \$100 RETAINER is required to secure your date and times. This amount to secure your date/time is applied towards the total payable for services and products.
4. The balance of invoice (minus the retainer), is due PRIOR TO the start of the event and EMS coverage.
5. To book the coverage, a service contract is required prior to the start of the event. Submission of this form does NOT guarantee 'event medical services', nor constitute a contract. After the applicant makes the payment for the retainer AND MulticulturalFirstAid.com responds with a written confirmation that the date is reserved, is the contract valid and in effect.

***For questions or concerns, please contact:***

Terry Dillon

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