

GALENA EMS

SPECIAL DETAIL REQUEST



DATE OF REQUEST:

ORGANIZATION OR AGENCY:

NAME AND POSITION:

ADDRESS:

CONTACT INFORMATION

PHONE:

EMAIL

NAME OF THE EVENT:

TYPE OF EVENT:

TYPE OF SPECIFIC ACTIVITIES AT EVENT:

DATE OF EVENT:

SPECIFY IF MORE THAN ONE DATE:

TIME OF EVENT: (Start and Finish)

ANTICIPATED NUMBER OF ATTENDEES:

REQUESTS OTHER THAN GENERAL AMBUALNCE STANDBY:

CONTACT PERSON AT EVENT:

PHONE:

Note: The fee charged for this detail will be based on this information.

Please forward this completed form to galenaems@gmail.com