



Athens County Emergency Medical Services

PO Box 310, Athens OH 45701

740.797.9560

fax 740.797.2961

online at [www.acems.org](http://www.acems.org)

## REQUEST FOR SPECIAL EVENT COVERAGE

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS OF CONTACT PERSON \_\_\_\_\_

DATE(S) AND TIMES REQUESTED \_\_\_\_\_

EVENT NAME \_\_\_\_\_

STAFFING: DEDICATED AMBULANCE AND 2 PERSON CREW - \$75/HOUR \_\_\_\_\_

EXTRA EMT/PARAMEDIC STAFF REQUIRED - \$25/HOUR/PERSON \_\_\_\_\_

SUPERVISOR (REQUIRED ON SOME EVENTS) - \$35/HOUR/PERSON \_\_\_\_\_

FIRST AID TENT, DISPOSABLE SUPPLIES, ETC. - \$100 PER EVENT \_\_\_\_\_

TOTAL AMOUNT FOR EMS SERVICE \_\_\_\_\_

***All accounts must be paid in full at least 10 calendar days BEFORE the first day of the event.***

Signature of Contact Person \_\_\_\_\_

EMS Chief (or designee) approval \_\_\_\_\_

### OUR CORE VALUES

*Integrity | Respect | Compassion | Service | Accountability*