



Request for Brigade Coverage for Community Service

Please Print

Name of Group/Organization		
Contact Person	Address	
City	Province	Postal Code
Residence Phone # ())	Business Phone # ())	Fax # ())

EVENT

Name			
Type			
Location			
Date(s)	Alternate Date (Rain)	Time Start: Finish:	Brigade Arrival: Brigade Departure:
		Time Start: Finish:	Brigade Arrival: Brigade Departure:
		Time Start: Finish:	Brigade Arrival: Brigade Departure:
Attach the following if available or applicable: <input type="checkbox"/> Proposed Route Map <input type="checkbox"/> Tentative Site Layout <input type="checkbox"/> Schedule <input type="checkbox"/> Rain Out Plans			
Are the following available on site? <input type="checkbox"/> First Aid Room <input type="checkbox"/> Clean Drinking Water <input type="checkbox"/> Telephone <input type="checkbox"/> Parking			
Special Equipment requested:			
Coverage is requested for: (Please give approximate numbers) Age Group: _____ <input type="checkbox"/> Participants: _____ <input type="checkbox"/> Spectators: _____ <input type="checkbox"/> Both: _____			
If the event is longer than four (4) hours or at meal time(s), is food available on site?		Is complementary food available for our volunteers? Please specify (i.e. coffee, lunch, etc.)	
Will your organization/group provide us with a donation?		Will you require a charitable receipt?	
Additional information/special comments:			

Signature	Date
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Mail request to:	OR FAX :
Attention:	

For best service, please place your request early.

The minimum notice required is: _____

FOR OFFICE USE ONLY

Date request received:	Assigned Division(s):
Confirmed Division(s) With: _____ Date: _____	Event Confirmed: With: _____ Date: _____
<i>Request Denied</i> <input type="checkbox"/> No personnel available <input type="checkbox"/> Too many events on this date <input type="checkbox"/> Request received too late to fill <input type="checkbox"/> Other: _____	

Brigade Request Form sent for next time? <input type="checkbox"/> YES <input type="checkbox"/> NO Evaluation of Coverage Form sent: (Date) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	Donation Form sent out: (Date) _____ Donation Received: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount: \$ _____
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