



SPECIAL EVENT REQUEST FORM

Please complete the following information and sign before returning to *EmergyCare* at least 2 weeks prior to the requested service date.

Event Name: _____ Event Date: _____

Event Location (Facility Name & Address): _____

Event Start Time: _____ Event End Time: _____ *EmergyCare* Arrival Time: _____

Contact Person: _____ Contact Person During Event: _____

Contact Phone: _____ Contact Phone During Event: _____

Please choose from the following options:

- .. No Fee - Non Dedicated Unit - includes a full crew in an ambulance. Crew may be called away on a emergency, but will try to return if possible.
- .. \$35 per hour - 1 EMT to provide immediate intervention. EMT will not transport patient.
- .. \$65 per hour - Basic Life Support Crew and Vehicle. Will remain on-site during entire event and will transport as needed.
- .. \$95 per hour - Advanced Life Support Crew and Vehicle. Will remain on-site during entire event and will transport as needed.

Notes/Special Requests/Parking Information:

Event Authorized Signature: _____ Date: _____

EmergyCare Authorized Signature: _____ Date: _____

<p>Please Return signed copy of this form to:</p> <p><i>EmergyCare</i> - Attn: Tina Espin 1926 Peach Street Erie, PA 16502 Phone: 814-870-1010 E-mail: tespin@emercycare.org</p> <p>If any changes occur within 48 hours of the event, please call 814-870-1026</p>
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BILLING INFORMATION
Company Name:
Address:
City, State Zip:
Phone:
Cost per hour from options above: