

Suffield Volunteer Ambulance Association



PO Box 642 205 Bridge Street Suffield, CT 06078

Phone 860-668-3881

Fax 860-668-3884

Request for EMS Standby at Event

Requests for standby must be received by the SVAA at least 10 days in advance of requested date
There is no charge for the Suffield Ambulance presence at your event, however, donations are always appreciated to help offset the expenses incurred while covering your event.

Event Name: _____

Event Date: _____ Estimated number of people to attend: _____

Event Location: _____

Event Start Time: _____ Event End Time: _____

Nature of Event: _____

Contact #1 Name: _____ Contact #1 Phone: _____

Email: _____ Contact #1 Cell: _____

Contact #2 Name: _____ Contact #2 Phone: _____

Email: _____ Contact #2 Cell: _____

What type of coverage would you like: _____

Additional information or requests: _____

Please note: Suffield EMS Volunteer Ambulance will make every effort to provide the coverage you have requested. However, please note that we may be called away to an emergency. In the event of an emergency during our absence, please call 911 for dispatch of another ambulance.

Signature of responsible party: _____ Date: _____