



**St. John Ambulance Saint-Jean**

**SAVING LIVES SAUVER DES VIES**  
at work, home and play au travail, à la maison et dans les loisirs

## Request for First Aid Coverage

Please submit **AT LEAST 6 - 8 weeks in advance** \* Duties are covered on a first come, first served basis

**Please fax to (204) 786-2295 Attn: Christine Armstrong**

### Please Print

Name of Group/Organization		
Contact Person		Address
City	Province	Postal Code
Home Phone		Work Phone
Fax	E-mail	

### Event

Name	
Description (example: picnic, concert, hockey tournament)	
Location	
Date(s)	Start & Finish Times
	Start & Finish Times
	Start & Finish Times
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 provided for our volunteers? <input type="checkbox"/> First Aid Room <input type="checkbox"/> Clean Drinking Water <input type="checkbox"/> Telephone <input type="checkbox"/> Parking <input type="checkbox"/> Cooler <input type="checkbox"/> Ice	
Special equipment requested	
Do you require first aid coverage to meet your insurance/organizational requirement/policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage is requested for (please give approximate numbers): Required Information. Age Group: _____ Participants: _____ Spectators: _____ Both: _____	
If the event is longer than 4 hours or at meal time(s) is food available on site?	Is complementary food available for our volunteers? Please specify
Additional information / special comments	
Signature	Date

For more information, please call 784-7016, or email us at [christine.armstrong@mb.sja.ca](mailto:christine.armstrong@mb.sja.ca)

**Your donations are gratefully accepted**