



JACKSON HOLE FIRE/EMS

Special Event Application For Fire Rescue and/or Medical Services

Instructions:

Please completely answer all questions below and submit online, fax or mail to:

**Jackson Hole Fire/EMS
P.O. Box 901
Jackson, WY 83001
Fax – 307-739-9856**

Special Event Coordinators: Lily Mohler – lmohler@tetonwyo.org
Kelli Fennessey - kfennessey@tetonwyo.org

For Questions Please Call: 307-733-4732

Event Name: _____

Event Dates: _____

Times that Services are requested (please include beginning and end times that personnel/apparatus are required): _____

Contact Individual (please provide one (1) individual who will serve as liaison to JH Fire/EMS):

Mailing Address for Billing: _____

Phone: _____

Fax: _____

Mobile: _____

Email Address: _____

Event Details

Event Description: _____

Number of people expected at the event: _____

Event Location: _____

Is the event weather dependent: _____ Alternate Location: _____

Preventative Planning:

Please describe what service you have had at previous events or similar events:

Please describe injuries and incidents that have occurred at previous events or similar events:

Please describe efforts taken to minimize and prevent injuries and accidents:

Services Requested

What service do you think you need?

Foot Patrol

Bicycle Patrol

Ambulance

Engine

Rescue Truck

Do you need these services to satisfy your insurance carrier? _____

If so, please provide documentation describing what your insurance requires.

If not, Jackson Hole Fire/EMS will determine what resources are allocated to your event.

Do you think you qualify for financial aid? _____ If so, please explain why: _____
