



10 Oak Drive Lake Jackson, Texas 77566
Office (979) 415-2716 Fax (979) 285-0252

EVENT REQUEST FORM

Thank you for your interest in inviting Lake Jackson EMS to participate in your local event.

Please fill out and return to info@ljems.org

DATE: _____

TIME BEGIN: _____ **TIME END:** _____

EVENT TITLE: _____

EVENT ADDRESS: _____

EXPECTED ATTENDANCE: _____

SERVICES REQUESTED:

___ Medical Services / Standby

___ Educational / PR Only

CONTACT PERSON: _____

CONTACT PHONE: _____

CONTACT E-MAIL: _____

ADDITIONAL COMMENTS / NOTES:

A request for service or education alone is not a guarantee of service. Requests will be granted on a priority-based basis. The contact person listed will be notified whether or not the request for education or standby has been granted. Please submit any and all requests as early as possible. Thank you.