



# Second Alarmer's Rescue Squad of Montgomery County

## Public Relations Detail Request Form

Today's Date (MM/DD/YYYY)

### EVENT INFORMATION

Event Name

Event Description

**Directions:** Describe the type of event and services required or believe the event requires.

**Note:** Based on the information included within this request, your event may require more EMS support services than initially expected. SARS is committed to the highest level of prehospital care and to ensure the safety of all participants and attendees at your event, SARS reserves the right to make additional suggestions and/or requirements to the EMS services provided at your event, which may exceed your request.

Address City State Zip Code

Event Start Date (MM/DD/YYYY) Event Start Time (HH:MM) Event End Date (MM/DD/YYYY) Event End Time (HH:MM)

Preferred Crew Arrive Time (HH:MM) Preferred Crew Depart Time (HH:MM) Alternate Date (MM/DD/YYYY) Estimated Attendance

**Note:** Unless a "Preferred Time Crew Arrive/Depart" is indicated, crews will arrive and depart at the indicated "Event Start/End Times". Please consider that some events may require additional time for preparation and staging in the most appropriate location. "Preferred Time Crew Arrive/Depart" are encouraged.

### EVENT CONTACT INFORMATION

Event Contact Name and Title

Organization or Company Name

Primary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

Secondary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

E-mail Address (email@domain.com)

**Note:** The crew will use this information on the day of the event if needed.



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### TERMS & CONDITIONS

Second Alarmers' Rescue Squad (SARS) is a non-profit organization that is funded differently than area fire and police departments and must operate with sound financial decision making when it comes to scheduling personnel and resources. As an authorized person on behalf of the requesting agency, I understand and agree to the following terms and conditions:

1. I am requesting that SARS provide an ambulance and/or EMS Providers for display, educational, and/or informative purposes ONLY at the above event.
2. I understand that although an ambulance may be on site and able to provide emergency care, they are not always able to transport patients. In the occasion that a patient needs to be transported to a hospital from an event, patient care will be initiated and an ambulance with the ability to transport will be requested if needed.
3. I understand that SARS is committed to providing the highest level of prehospital care and to ensure the safety of all participants and attendees at the event, SARS reserves the right to make additional recommendations and/or requirements to the EMS services provided, which may exceed the initial request and are subject to billing.
4. I understand that .Public Relations Details are typically provided to the community free of charge. However, there are still costs associated which SARS must undertake. Donations to the organization are not required but are always greatly appreciated.
5. Requests for services may be cancelled in advance by written notice to [DetailRequest@main.sars.org](mailto:DetailRequest@main.sars.org).
6. SARS reserves the right to discontinue and/or refuse service without notice to any event based upon previous experience or failure to comply with SARS Terms & Conditions regardless of reimbursement ability.
7. **SARS reserves the right to cancel services without notice at any time based upon the emergency needs of the community. If SARS is unable to provide the requested services, event attendees may always call 911 in the event of an emergency and the closest emergency ambulance will be dispatched.**

As we continue to fulfil our mission, "To provide the highest level of pre-hospital emergency medical care, rescue, and related services to the communities we", We thank you for your continued support and understanding in the ever-changing world of emergency medicine.

Signature

Date (MM/DD/YYYY)

**Directions:** Submit completed Detail Request Forms to SARS by emailing digital and printed/scanned forms to [DetailRequest@main.sars.org](mailto:DetailRequest@main.sars.org) (preferred), faxing forms to 215.659.3177, or mailing forms to P.O. Box 90 Willow Grove, PA 19090, with the Subject: "Detail Request Form Submission".