



Lexington County EMS Community Action Team Event Request Form

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Today's Date _____ Date of Event _____
Time of Event _____

EMS Anticipated Arrival/Anticipated Departure Time _____

Name of Event

Address/Location of Event

Purpose of Event _____

Number of People Expected to Attend _____ Age Group of Attendee's _____

Name of Sponsoring Group _____

Contact Name and Phone Number _____

Contact E-mail Address _____

Special Equipment Requests _____

What is Expected of EMS Crew?

Special Event Standby [] Speaker for Career Day [] Show and Tell [] Vehicle Career Day []

If Other, Please Explain _____

Your request should be submitted at least three (3) weeks prior to the date of the event. Attendance/Coverage is not guaranteed. We will make every effort to accommodate your request. Please provide any other information, maps, or diagrams you may have.

