

# Event Request Form



Thank you for your interest in having the EMS ROADDOCS Illinois, NFP be part of your event. Please fill out the details below as far in advance as possible so we may give it thorough consideration. After review of this form, we will contact you directly.

Event Name

Contact Name

Phone

E-Mail

Event Date

Time

Start Location

End Location

Estimate Attendance

Web Site

# of years of event

Insured Event

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Police Escorted

Non for Profit

Medical Tent Required

Poker Run

Yes

Yes

Yes

Yes

No

No

No

No

Will the EMS ROADDOCS Illinois, NFP name, logo and website link be included in your marketing and advertising?

Yes

No

Submit to [horizgrp@aol.com](mailto:horizgrp@aol.com) by attaching this form in the email.