

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		Email	
Event Date			
Start Location		End Location	
Estimated Attendance		Website	
# of years		Insured	
Police Escorted	Non-profit	Medical required	Poker Run
Yes No	Yes No	Yes No	Yes No
Will the EMS ROADDOCS marketing and advertisin	Illinois, NFP name, logo g?	and website link be included in your	140
Yes •	No	one concern for your ride/eventl	
Consuming of alcohol or any drugs during a ride will not be tolerated. Medical Support Vehicle (MSV) will follow the last bike out. Route map required prior to route date.		Qualified "Road Blockers" required. Police, EMA, CERT, escorts required. No poker runs. Our logo to be present on website, marketing and advertising literature.	
Signature		 Date	
Submit to horizgrp@aol.coi	n by attaching this form i	n the email.	