

ST JOHN AMBULANCE NORTHAMPTONSHIRE INFORMATION OF ORGANISED EVENT

Date received: 05 01 07		Tel No:	
Request received from: Don Parry		Fax No:	
Address and post code:		Mobile No:	
		Email:	
Organisation:			
Date of event: 11-Mar-07		Time start:	
Nature of event: Cycle race on open road		Time finish:	
Location of event:			
Expected No of participants & public: 80			
Ambulance required:		Personnel required:	2 or 3 need to discuss.
Amb 4X4 required:		Cadets:	??
First Aid Unit required:	yes	Nurse:	??
County Vehicle required:		Personnel required in total:	
On arrival where and to whom do personnel report:			
Are refreshments provided:		Yes	
Any relevant comments: Probably Two separate races on the road separated by about 10 minutes I would like to discuss and agree with you the best way of providing cover - probably by travelling in each of the two following.			
Payment agreed by Organise Invoice Confirmation Letter sent			
Duty allocated to:			
Details passed to:			
Division informed on:			
Confirmation from Division:			