



Bangs Ambulance Events Request Form

Hello, thank you for contacting our scheduling department. Please take the time to fill out the required information so that we can better assist with your needs. Once you are done, please submit to schedule@bangsambulance.com and someone from our scheduling team will be in contact. If you have any questions, please contact 607-273-1161 and speak to Meghan Bangs. We look forward to working with you.

Event Name: _____

Address of the Event: (Where you want the ambulance positioned) please be specific:

Type of Event (Sports, Concert, Festival, Other): _____

Date(s) of the Event: _____

Start Time of the Event: _____

Approximate End Time of the Event: _____

Number of Ambulances needed for the Event: _____

Support Vehicles needed for the event: Gator Flycar

Supervisor needed for the event: Yes No

Event Day Contact Information:

Event day contact name: _____

Phone number: _____

Title/Position on event day: _____

Person Filing out this forms' information.

Name: _____

Title: _____

Phone number: _____

Email: _____

Company Name: _____