

# Berrien County Emergency Medical Services

519 County Farm Rd, Nashville GA 31639

**229-686-5779**

## Request Ambulance Standby for Event

Please submit request at least 45 days in advance of event.

**Submission of this form is only a request and not a guarantee of coverage of your event.  
Someone will contact you to confirm.**

**Submit form in person, by fax (229-686-7614) or email to [gsumner@berriencountyga.gov](mailto:gsumner@berriencountyga.gov)**

**Organization Name \***

**Organizer Name \***

First Name

Last Name

## Organizer's Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Email \*

example@example.com

## Phone Number \*

Please enter a valid phone number.

## Date of Event

Month Day Year

## Times and additional dates

### What is the type of event you are requesting an ambulance standby for?

Educational Institution(Career Fair, etc)

Sporting Event (football, softball, etc)

Public Event

Other

## Address of Event \*

Street Address

Street Address Line 2

## Describe your event

### Anticipated Attendance \*

0-50

50-100

100-250

Over 250

## Contact Information for someone on site the day of the event

### Name (Must be on site day of event) \*

First Name

Last Name

### Phone Number (Must be on site day of event) \*

Please enter a valid phone number.