



Washington Ambulance Association, Inc.
Serving Washington Since 1942

109 Bee Brook Road
P.O. Box 294
Washington Depot, CT 06794
washingtonambulance.org

Request for EMS Standby

Requests for standby must be received by WAA a minimum of 14 days prior to requested date

There is no charge for Washington Ambulance to be present at your event, however, donations are always appreciated to help offset expenses incurred while covering your event.

Name of Event: _____

Date of Event: _____ Start Time: _____ End Time: _____

Number of participants: _____ Estimated number of spectators: _____

Type of Event: _____

Primary contact: _____ Phone: _____

Email: _____ Cell: _____

Secondary contact: _____ Phone: _____

Email: _____ Cell: _____

Type of EMS coverage you would like at your event:

Additional information or requests:

Please note: Washington Ambulance will make every effort to provide the coverage you have requested. Please understand that we may be called away to an emergency. In the event of an emergency during our absence, please call 911 for the dispatch of another ambulance.

Signature of primary contact: _____ Date: _____