

**East Central Ambulance Association**

**Community Events Standby Form**

This is an agreement between the East Central Ambulance Association ECAA and:

\_\_\_\_\_

1. \_\_\_\_\_ requests that the ECAA provide a crew and ambulance to standby at \_\_\_\_\_ for \_\_\_\_\_ on the exact dates and times.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. \_\_\_\_\_ agrees to provide the ECAA any information required for billing purposes if any participant in said event requires treatment and transportation by the ECAA and the ECAA is unable to acquire the information from that participant.

3. The sum of \$120.00 per event will be charged to the Organizer to offset Ambulance maintenance costs.

4. ECAA will invoice the organization for services provided at \$30/hr/staff member based on hours requested.

**ECAA Representative**

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Printed \_\_\_\_\_

**Organization Name** \_\_\_\_\_

Rep Signed \_\_\_\_\_

Contact# Day \_\_\_\_\_

Rep Printed \_\_\_\_\_

Contact# Evening \_\_\_\_\_

Mailing Address \_\_\_\_\_