



Eastside Fire & Rescue Community Involvement

EVENT INFORMATION

Event Name:	
Organization/Affiliation:	
Date:	
Location:	
Start/End Time:	
Age Range:	
Number of Participants:	
Brief Description of Event and EF&R Involvement:	

CONTACT INFORMATION

Name:	
Phone:	
Email:	

EASTSIDE FIRE & RESCUE – DEPARTMENT USE ONLY

Shift:	
Apparatus Requested:	
Station Affiliation:	
Public Educator/PIO Attending:	
Education Needed:	
PAID STAFFING EVENT:	
BC Notification:	

EMAIL TO CBREULT@ESF-R.ORG

