



CHEYENNE AND ARAPAHO EMS

22671 Route 66
P.O. Box 158
Clinton, OK 73601
580-323-7087

EVENT STANDBY REQUEST FORM

Thank you for considering Cheyenne and Arapaho EMS for your event. A minimum of 60 days' notice is kindly requested for all standby requests. Requests are subject to EMS staffing, availability, emergency call volume, and operational needs. Submission of this form does not guarantee EMS coverage.

EVENT INFORMATION

Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Location/Venue: _____

Address/City: _____

Type of Event:

- ☐ Community/Tribal Event ☐ Powwow/Dance ☐ Sporting Event
☐ Festival/Celebration ☐ Youth Event ☐ Parade ☐ Concert
☐ School Event ☐ Other: _____

Brief Description of Event/Activities:

ATTENDANCE & SAFETY

Expected Attendance: _____ Staff/Volunteers: _____

Will alcohol be available? ☐ Yes ☐ No

Potential Hazards/Activities:

- ☐ Contact Sports ☐ Large Crowd ☐ Outdoor Activities ☐ Water Activities
☐ Motorized Vehicles ☐ Fireworks/Pyrotechnics ☐ Other: _____

Additional Safety/Medical Concerns:

REQUESTING ORGANIZATION & CONTACT

Organization/Program/Department: _____

Primary Contact: _____

Phone: _____ **Email:** _____

Alternate Contact/Phone: _____

EMS STANDBY REQUEST

Requested Coverage:

- ☐ Ambulance/Transport ☐ First Aid/Medical Tent
☐ Other: _____

Requested Number of EMS Units/Personnel (if known): _____

Will EMS have a designated standby area and clear emergency access?

☐ Yes ☐ No ☐ Unsure

Will EMS be needed for the entire event? ☐ Yes ☐ No

Special EMS Needs/Additional Information:

REQUESTOR ACKNOWLEDGMENT

I understand that this form is a request for EMS standby services and does not guarantee coverage. I understand that EMS coverage is dependent upon staffing, availability, emergency call volume, and operational needs. I also understand that a minimum of 60 days' advance notice is kindly requested.

Submitted By: _____

Title/Position: _____ Date: _____

Signature: _____

Please submit the completed form to Cheyenne and Arapaho EMS for review and scheduling. Completed forms can be delivered in person to office or sent via email to Twilson-ashcraft@cheyenneandarapaho-nasn.gov

*Form updated on 10/5/2026