



EVENT PARTICIPATION APPLICATION

Please provide at least 30 days' notice from the start date of the application. Applications with less than 30 days' notice will be accepted but risk being declined due to short notice.

Name of event: _____ Date of event: ____/____/____
Location of event: _____ Date of request: ____/____/____
Event Contact name: _____ Event Contact phone # _____
Event Contact email: _____ Duration of Event: _____ (hours)
Applicant Contact (If Different from Above): _____

Type of Event Participation Requested (Check one):

- Leduc County Fire Services Event
- Outside Organization Event
- Association Event
- Leduc County Corporate Event
- Other (Please describe): _____
(Fundraiser, Promotion....)

Frequency:

- Annual Event OR
- One Time Only Event

Description of Participation:

Resources being requested:

Manpower: _____ Trucks: _____ Other Supplies: _____

Funding for event:

Total amount required: _____

Funds used for:

Other funding sources (ie. Association, fund raising events etc.)

Signature of Applicant

Date: ____/____/____

Approved by: District Chief

Date: ____/____/____

To be completed by Administration:

Application brought forward to Leadership team meeting: Date: _____

Approved Declined

AS:

Association Event

LCFS Sanctioned Event

Other Event

:_____

Uniform to be worn:

YES _____ NO _____

Class: _____

Funding approved:

YES _____ NO _____

Amount: _____

Funding Source:

Project Code: _____

Paid event:

YES _____ NO _____

Rate: _____

Notification of other County Corporate Departments (example: Communications):

Date: ____/____/____

Signature of Deputy Fire Chief

Date: ____/____/____

Final Approval by: Fire Chief (or Designate)

NOTES:

After Event Notes and Future Recommendations:

Original on File

Date: ____/____/____

Copy of completed application sent to FPO

Date: ____/____/____

Copy Sent to Applicant

Date: ____/____/____

Copy Sent to District Chief

Date: ____/____/____