



Event Booking Form

Contact First Name: _____

Contact Last Name: _____

Phone Number: _____

Email: _____

Event Name: _____

Expected Number of Patrons: _____

Start Date: __ / __ / ____

Start Time: __ : __ AM / PM

Finish Date: __ / __ / ____

Finish Time: __ : __ AM / PM

Venue Name: _____

Venue Address: _____

Suburb: _____

Postcode: _____

Event Description: _____

Is food being Served?

Yes No

Is alcohol being served?

Yes No

Is it likely that drug will be present?

Yes No

Is there a first aid room / tent?

Yes No

Is 240V power available?

Yes No

Is there water for treatment available?

Yes No

Is there ice available for treatment?

Yes No

Is there parking for Vita First Aid Vehicles?

Yes No

Additional Information: _____
