



Durango Fire Prevention District
Special Event, Education & Presentation
Request & Tracking Form

This Section to be Filled Out by Requesting Party/Agency

Date of Event: _____ Start Time: _____ End Time: _____

Special Event Education Training Presentation

Name of Group/Organization: _____

Name of Contact: _____

Name of Event: _____

Ages/Number of Participant: _____

Will There be Spectators: YES NO

Expected Number of Spectators: _____

Additional Event Information: _____

Primary Contact number: _____

Secondary Contact number: _____

Name of Location (Santa Rita Park, etc.): _____

Address: _____

Additional Location Information: _____



Internal Use Only

DFPD Covering Event YES NO

Scheduling:

† Scheduling email sent _____ (date)

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† On DFPD Google Calendar _____ (date)

† Confirmed _____ (date)

† Staffing: _____

† Apparatus: _____

EMS resources to be used: _____

Additional Information: _____

Event Follow-up:

Feedback: _____

Observations: _____

Notes for Next Time: _____

Presentation Notes

Written materials handed out (yes/no)/(number): ____/____

Brief description of written materials: _____

Schwag handed out (yes/no): ____

of Helmets: ____ # of Backpacks: ____ # of Coloring books: ____

of Smoke alarms: ____ # of other/description : ____/____

Materials needed: _____
