



Bon Secours Care-A-Van Request for Services Hampton Roads

Date of Request:

Contact Name:

E-Mail:

Telephone Number:

Alternate Contact:

E-Mail:

Telephone Number:

Event Date:

Event Time:

Event Name:

Location of Event:

Sponsored by:

Number of years event has been held:

Service(s) Requested:

Approximate Number of Participants:

Advertised to the Public? Yes No

Where will we be parked?

Vehicle to be used for event (circle vehicle type): minivan RV (mobile health clinic)

Parking area hard surface or ground surface?

How did you hear of the Care-A-Van?

Restroom facilities and water fountains available, if necessary? Yes No

Will contact persons be on site at event? Yes No

Please e-mail completed request to Magdalys.Ortiz@bshsi.org or fax to 757-889-6517

BON SECOURS ADMINISTRATIVE INFORMATION

Site visit completed prior to approval: Yes No Event Approved? Yes No

Ease of access in and out of site? Yes No Approved time(s) of event: _____

Staff attending: _____

Services to be provided: _____

Confirmed with contact. Date _____ Via Phone Via Mail Via Email

Contact Signature: _____