



# Harnett County

## Emergency Services

### Mass Gathering / Special Event Application

|     |                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                            |                                                 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------------|
| 1.  | <b>Name of Event:</b>                                                                                                                                                                                                                                                                                                                                                                |                                           |                                            |                                                 |
| 2.  | <b>Name of Organization:</b>                                                                                                                                                                                                                                                                                                                                                         |                                           |                                            |                                                 |
| 3.  | <b>Date(s):</b>                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                            |                                                 |
| 4.  | <b>Time(s):</b>                                                                                                                                                                                                                                                                                                                                                                      | Start:                                    | End:                                       |                                                 |
| 5.  | <b>Location/Address:</b>                                                                                                                                                                                                                                                                                                                                                             |                                           |                                            |                                                 |
| 6.  | <b>Type of Event:</b><br><small>Check All Applicable</small>                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Public Gathering | <input type="checkbox"/> Religious         | <input type="checkbox"/> Parade                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Walk or Run      | <input type="checkbox"/> Private Gathering | <input type="checkbox"/> Other (explain in # 8) |
| 7.  | <b>Estimated Attendance:</b>                                                                                                                                                                                                                                                                                                                                                         | Participants:<br>Spectators:              | Children:<br>Staff Workers:                | Total #:                                        |
| 8.  | <b>Brief description of the event:</b>                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |                                                 |
| 9.  | <b>Special Request:</b> <small>(ex. Training Equipment, CPR Demonstration, Ambulance Demo, First Aid Station, Tent, Chair(s), &amp; Table(s) for EMS)</small><br><small>**Note the special request section is items that will be needed or requested for the stand-by / public education crew.**</small>                                                                             |                                           |                                            |                                                 |
| 10. | <input type="checkbox"/> Check box for attached site map including the staging, assembly areas, streets traveled (exact route), beginning & ending points, and labeled key points.                                                                                                                                                                                                   |                                           |                                            |                                                 |
| 11. | Primary Contact Person Name:                                                                                                                                                                                                                                                                                                                                                         |                                           |                                            |                                                 |
|     | Daytime Phone:                                                                                                                                                                                                                                                                                                                                                                       |                                           | Mobile Phone:                              |                                                 |
|     | Evening Phone:                                                                                                                                                                                                                                                                                                                                                                       |                                           | Fax:                                       |                                                 |
|     | Mailing Address:                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                            |                                                 |
|     | Email:                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |                                                 |
| 12. | By signing my name below, I certify that I have read the Harnett County EMS System Mass Gathering Policy. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the Mass Gathering Policy. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request. |                                           |                                            |                                                 |
|     | Signature:                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                            |                                                 |