

INVERNESS - RADIO - VOLUNTEERS

Name of Event:

| | | | |
|-------------|-----------|-------------|-------------|
| Event Date: | Location: | Start Time: | Finish Time |
| | | | |

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|----------------|--|---|---|
| Type of Event: | Type of Cover Required: Escort / Communications | Have the Police been notified Yes / No | Do You Have First Aid Cover Yes / No |
|----------------|--|---|---|

If Yes to First Aid Cover, By Whom ?

Is This Event for Charity Y / N If Yes Name of Charity:

| | |
|-------------------------------------|-------------------------------------|
| Name of Organiser 1: | Name of Organiser 2: |
| Address: | Address: |
| | |
| | |
| Post Code Tel: | Post Code Tel: |

| | |
|---------|---------|
| Email : | Email : |
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Are there any special requirements for this event?

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| Organiser: | Signature: | Position: |
|------------|------------|-----------|

The Completed Form Must Be Returned A.S.A.P. **To Mr James S. Mezzetti 106 Smithton Park, Inverness, IV2 7PF**
Or E-mailed to: IRV.Inverness@Lineone.net

******* Please NOTE, We Require at least 48Hrs Notice if this event is to be Cancelled *******