



## 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 is the van to be parked?

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 [Arnel Rodriguez@bshsi.org](mailto:Arnel_Rodriguez@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: \_\_\_\_\_