

# Event Information Form



When Seconds Count . . . Count On Us!™

Thank you for inviting Cypress Creek EMS to participate in your event.  
We will do our best to meet your needs.

Please fill out and return to [hpichette@ccems.com](mailto:hpichette@ccems.com) or fax to 281-655-0414

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Address: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

*Tell us how we can help you with your event.*

\_\_\_\_\_ Medical Services

\_\_\_\_\_ Educational/PR Only

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

*CCEMS supports the training of new EMT's and Paramedics through the **501c3 Scholarship Fund**. Throughout the year, we have numerous fundraising events in which we need auction items. Your support would be greatly appreciated. Do you have any item or service you would like to donate? \_\_\_\_\_*