



# Kentucky Firefighters Association Request / Confirmation of Date Scheduled

Event Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

Local Fire Department: \_\_\_\_\_

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

Expected # of Attendees: \_\_\_\_\_

Delivery / Pickup Date and Time: \_\_\_\_\_

**Agency agrees to follow all Kentucky Firefighter Association policies regarding use of inflatable firefighter costume.**

\_\_\_\_\_  
Fire Department Representative

\_\_\_\_\_  
KFA Representative

Submit by email: \_\_\_\_\_ or fax: \_\_\_\_\_

02/23/2019