

PR Request

Date: _____

Time: _____

Place: _____

Individuals name Filling out form: _____

Phone: _____

Email: _____

Contact person phone number: _____

Estimated number of participants: _____

Safety Training /Other: _____

Landing area: _____

Special Instructions: _____

Date filling out this form: _____

Sheriff's Department and local dispatch invited? _____



UnityPoint Health
St. Luke's Hospital

