



NORWICH UNIVERSITY EMERGENCY MEDICAL SERVICES
 Center for Civic Engagement
 Northfield Ambulance Service
 158 HARMON DRIVE
 NORTHFIELD, VERMONT 05663
 nuems@norwich.edu



CONTRACT FOR SERVICE

Payment

Fee Structure: 0 - 4 hours \$75.00 Additional ATV Coverage:
 \$20.00 per hour after 4 hrs. \$40.00 per hour or \$100.00 for full-day coverage

Start Date/Time: _____ End Date/Time: _____
 (mm/dd/yyyy / time) (mm/dd/yyyy / time)

Number of people attending _____ Type of Activity _____
 (Ball, Field Training, etc)

Number of hours _____

Baseline Amount Due: _____

Amount plus additional charges: _____

Additional Charges:
 Alcohol served at event
 * additional \$25.00 charge
 Late fee for less than 2 weeks till event start
 * baseline amount x3

Summary of Event

Use the space below to describe the event. Please include location, nature of event, and any additional information or instructions for the providers.

FOR OFFICIAL USE ONLY

Date Rec'd: _____

Rec'd By: _____

Date Staffed: _____

Payment Rec'd: _____



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Signatures

Printed Name or Requestor: _____
(last) *(first)*

Signature of Requestor: X _____

Date: _____
(mm/dd/yyyy)

Printed Name of Advisor:* _____
(last) *(first)*

Signature of Advisor: X _____
**If not the person requesting services*

Date: _____
(mm/dd/yyyy)

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Date Rec'd: _____

Rec'd By: _____

Date Staffed: _____

Payment Rec'd: _____