



North County Fire/EMS
Special EMS Service Program

STANDBY AND "SERVICE USER" INFORMATION

The following "SERVICE USER" information will be used by NCRFA for scheduling and billing for services.

Name/Title of Event: STANWOOD HIGH SCHOOL FOOTBALL GAMES

EVENT OCCURANCE 1

Date: SEE ATTACHED SCHEDULE Start Time: _____
End Time: _____

Location: _____

EVENT OCCURANCE 2 (if applicable)

Date: _____ Start Time: _____ End Time: _____

Location: _____

(If request is for more than 2 event occurrences attach additional details to agreement)

Organization Name: STANWOOD-CAMANO SCHOOL DISTRICT

Primary Contact Person's Name: TOM WILFONG, ASSSITANT PRINCIPAL, ATHLETIC DIRECTOR

Mailing Address (for billing): 26920 PIONEER HIGHWAY

City: STANWOOD State: WA Zip Code: 98292

Phone #: 360-629-1200 Phone # day of event (if different): CELL 360 965-8230

Email Address (if available): TWILFONG@STANWOOD.WEDNET.EDU

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the date first noted above.

"SERVICE USER"

Deborah Rumbaugh
Printed Name

Signature

"NCRFA"

Printed Name

Signature