



Kildare County Fire Service



Application for Fire Service Participation

Applicant/Organisation Name:

Contact Person: Contact Number:

Email Address:

Event Details:

Event Name (if applicable):

Location of Event:

Date of Event: Start/End Times:

Duration Fire Service Required for: Hours

Nature of the Event:

Please specify type of Event (i.e. Family funday, festival etc.) and give details;

Declaration:

- I/We understand that an application for participation at an Event does not guarantee attendance. Attendance is at the discretion of Kildare Fire Service Management.
- I/We agree to indemnify Kildare County Council and Kildare Fire Service against any claims for loss or damage resulting from involvement in the Event.
- I/We understand that in the event of any Fire Service personnel or equipment committed to this Event being required for an emergency situation, participation may be withdrawn without notice.
- I/we agree to mention Kildare Fire Service in all publicity associated with this Event.
- On behalf of the above Applicant/Organisation, I/We wish to make a formal application for Fire Service participation in the above Event.

Signed:

Date:

Please submit fully completed form **at least 15 working days prior to your Event** to;

Kildare Fire Service
Central Fire Station
Newbridge
Co. Kildare

Fax: 045 432530

Email: cfo@kildarecoco.ie