



**Thank you for considering LCH EMS for your event!**

LCH EMS is often called upon to provide non-emergency stand-by for events such as rodeos, hydroplane races, road races, and many others.

LCH EMS prides itself in supporting the hospital district with its numerous community events.

**OUR GUIDELINES:**

LCH EMS is community supported and will provide standby's free of charge to public organizations. These organizations include but not limited to: School Districts and County government.

For all other organizations there will be a fee charge depending on the service provided and when the service is requested. All event standbys must be booked **thirty days (30) prior** to the scheduled event. The following rates have been established for the advanced resources requests:

- **\$75.00 per hour for one (1) EMT with Medical kit/AED and no transport vehicle**
- **\$200.00 per hour for an ambulance with two (2) EMS personnel**

In the event that less than thirty (30) days notice is given, the following rates will apply:

**\$245.00 per hour for an ambulance and two (2) personnel**

**\$100.00 per hour for one EMT and no transport vehicle**

To request our service please complete and email the second page of this document to [ems@lcch.net](mailto:ems@lcch.net). You may also call 509-393-8753 for further questions or needs.

We will do our best to accommodate your requests. However, **there are no guarantees.**

Cancellations must be made at least **three (3) days prior** to the event by e-mailing us at [ems@lcch.net](mailto:ems@lcch.net)

LCH EMS reserves the right to charge a late cancellation fee of 50% of the total standby charge regardless of whether or not a standby is worked if these policies are not adhered to.

**Note:** Requesting a standby does **NOT** guarantee coverage. You will be notified by e-mail once your event has been staffed.

In the event of a disaster, LCH EMS reserves the right to displace any standby resources for the greater good of the community. If such an event does occur, standby fees shall be waived.



PO Box 908 Chelan WA 98816  
[ems@lcch.net](mailto:ems@lcch.net)  
 509.682.3300

# EMS - Standby Request

## About You:

<i>Name</i>		<i>Organization</i>	
<i>Mailing Address</i>			
<i>Phone</i>			
<i>Email</i>			
<i>Notes</i>			

## About Your Event:

<i>Title of Event</i>	
<i>Date(s) of Event</i>	
<i>Location</i>	
<i>Start Time(s):</i>	
<i>End Time(s)</i>	
<i>Expected Number of Attendees</i>	
<i>Does your event require EMS? If so explain;</i>	
<i>Any Additional information / Requests</i>	
<i>Type of Service Requested: (circle )</i>	Ambulance & two (2) Personnel / One (1) EMT & no transport vehicle
<i>TOTAL Number of hours requested:</i>	
<b>Total Cost:</b> \$200.00 per hour for an ambulance and 2 personnel \$75.00 per hour for one EMT and no transport vehicle	

SIGNATURE of requesting party \_\_\_\_\_

DATE \_\_\_\_\_