



City of Winnipeg
 Fire Paramedic Service
PUBLIC EDUCATION
 2546 McPhillips Street
 Winnipeg, MB. R2P 2T2



**PUBLIC EDUCATION PRESENTATION
 ACTIVITY REQUEST**

Group Name:		Today's Date:	
Contact Person:	Phone:	Cell:	
Email Address:		Fax:	
Type of Activity:	Time: _____ to _____		
Location of Event:	Date of Event:		
Description Request:			
Name of Group/Org/Event:			
Number of Participants:	Age Group:		
Alternate Date:	Time: _____ to _____		
Audio visual equipment available – Yes _____ No _____			
Comments/Additional Information:			

**Please try to schedule at least 3 weeks prior to your event.
 Thank you for your co-operation.**

Complete this form and return by email to: bmaguire@winnipeg.ca or fax 986-4266

- ✓ Once the request has been approved, a confirmation will be sent via email, fax or telephone. Please contact our office at **986-6320** if you have not received confirmation within 7 days prior to your requested date.