



**TINTON FALLS EMS
SPECIAL EVENTS ATTENDANCE FORM**



This form must be completed for all special events for which LOSAP credit is requested. The form must be authorized by the Captain and returned to the LOSAP Coordinator within 30 days of attending the special event.

Name: _____ **Date:** _____

Special Event

C Football Game Date: _____

C Standby for Marathon/Run (List: _____) Date: _____

C Golf Outing Date: _____

C Community Day (Location: _____) Date: _____

C Heath Fair (Location: _____) Date: _____

C Other (Describe Event[s] and List Date[s]):

Submitted By:

Member's Signature: _____ **Date:** _____

<p>REVIEWED AND APPROVED:</p> <p>Captain's Signature: _____ Date: _____</p>
