

Midway Fire District
Public Education-Group Tour Information Sheet

Date(s) requested: _____

Start Time: _____ Completion Time: _____

Location/Address of Event: _____

Total # of persons expected: Adults _____ Children _____ Children's Age Range _____

✓ Requesting: Show & Tell of fire truck Tour of fire station View Fire Safety Video

Group Name: _____

Contact Name: _____

Contact Telephone: Home: _____ Work: _____ Cell: _____

Alternate Contact Name: _____

Alternate Contact: Home: _____ Work: _____ Cell: _____

Do you have any special requests of the Firefighters? _____

Please send back via fax or email to: 850/934-1333 or michael.osban@midwayfire.com

OFFICE USE ONLY

ADMINISTRATION OFFICE

Tour Location: Station 35 Station 37 A Shift B Shift C Shift

Battalion Chief

Fire Chief

Date

Date

Forward to Division Chief
