

WYOMING FIRE DEPARTMENT

PROGRAM EVENT

NAME OF GROUP/ORGANIZATION:

NAME OF ORGANIZER:

CONTACT NUMBER (CELL PHONE PREFERRED) OF ORGANIZER:

LOCATION (WHERE EVENT IS TO BE HELD):

DATE & TIME (FROM-TO):

DETAILS:

NATURE OF EVENT (PLEASE ATTACH A FLYER OR OTHER INFORMATION ASSOCIATED WITH THIS EVENT IF AVAILABLE):

NUMBER OF ATTENDEES (IF AVAILABLE):

NUMBER OF AND AGES OF CHILDREN (IF APPLICABLE):

PLEASE EMAIL COMPLETED REQUEST TO: fd_info@wyomingmi.gov

QUESTIONS: PLEASE CALL 616-530-7250