



Dear Events Organizer:

In support of your upcoming event, you have requested the assistance/participation of the Deschutes County Sheriff's Office Search and Rescue (DCSSAR). We appreciate you considering us to be part of your event and would like to take this opportunity to clarify the services DCSSAR is capable of providing. **PLEASE NOTE: SHOULD AN EMERGENCY SITUATION ARISE THAT REQUIRES THE PARTICIPATION OF DCSSAR, IT MAY BE NECESSARY TO CANCEL THEIR PARTICIPATION IN YOUR EVENT WITH VERY LITTLE NOTICE.**

The following is a list of possible topics: The 10 Essentials, Wilderness Survival Techniques, What Is SAR and How Does SAR Work?, What to Do/Not Do if You or Someone You Know is Missing, How to Become Involved with DCSSAR.

Please fill out this form as completely as possible and return to the address or fax number below.

I am requesting that the Deschutes County Sheriff's Office Search and Rescue be present at my event. I understand that should a mission requiring the involvement of DCSSAR arise, DCSSAR may have to cancel their involvement at my event.

Name of event: _____ Event Date: _____
Event location: _____
Event Organization Name: _____ Phone: _____
Event Contact Name: _____ Phone: _____
Event Organization Address: _____
_____ Fax: _____

Please briefly describe your event:

How many people do you expect to attend your event? _____

Please write below how you would like DCSSAR to participate in your event:

Please list materials you would like DCSSAR to bring to your event (tables, chairs, brochures/fliers, demonstration equipment, etc.):

Please list materials you will provide for DCSSAR at your event:

Please read, sign and return this form prior to your event. DCSSAR will send you a copy as confirmation.

Event Organizer: (sign) x _____ Date: _____

For Information on Contributing to Deschutes County Sheriff's Office Search and Rescue, visit the DCSSAR Foundation website, www.DeschutesSearchandRescue.com.

Deschutes County Sheriff's Office
Search and Rescue
63360 Britta, Bldg 3
Bend, OR 97701
Phone (541) 388-6501
FAX (541) 617-3304

SAR Manager _____ Date _____

SAR Coordinator _____ Date _____

Make sure a signed copy is placed in the mission packet.