

RENTAL REQUEST for TRAINING EQUIPMENT and/or CLASSROOM

DATE:			
NAME or ORGANIZATION of RENTER(S)			
NAME of REQUESTOR			
NAME of PRIMARY CONTACT FOR RENTAL/CLASSRO	OM USE		
RENTERS ADRESS:	TRAINING DATE:		
	TRAINING LOCATION:		
PHONE #:			
EMAIL:	NUMBER OF STUDENTS:		
Complete the above information along with the Equip Rental Reservation form and email all forms back to <u>r</u>			
Once your form has been received, and availability co Equipment and/or Classroom to DocuSign.	onfirmed, you will be sent an Agreement for Training		
Payment is required BEFORE or at time of PICK-UP of (CREDIT CARD ONLY).	the Training Equipment and/or Classroom Occupancy		
PICK-UP and/or OCCUPANCY DATE:			
PICK-UP and/or OCCUPANCY TIME:	_		
RETURN DATE:			

EQUIPMENT RENTALS

ITEM	DAILY RATE	WEEKLY RATE (7 Days)	WEEKEND RATE (Friday-Monday)	QUANTITY NEEDED					
AIRWAY									
Advanced Airway Kit	\$10	\$35	\$25						
I.V.									
IV Practice Arm - Adult	\$12.00	\$40.00	\$30.00						
MANIKINS									
Single Adult	\$7.50	\$25.00	\$18.00						
4 Pack Adult	\$15.00	\$50.00	\$35.00						
Single Infant	\$6.00	\$20.00	\$15.00						
4 Pack Infant	\$12.00	\$40.00	\$30.00						
Kyle CPR (Child)	\$8.00	\$30.00	\$20.00						
ОВ	\$25.00	\$100.00	\$60.00						
Airway Head - Child	\$15.00	\$50.00	\$35.00						
Airway Head - Peds	\$15.00	\$50.00	\$35.00						
Advanced Airway Intubation-Adult	\$15.00	\$50.00	\$35.00						
MONITORS									
AED Trainer - Prestan	\$5.00	\$25.00	\$12.00						
SPECIALITY									
ALS Med Kit	N/A	\$70.00	N/A						
First Aid Training Kit	N/A	\$20.00	N/A						
Kendric Extrication Splint	\$2.00	\$25.00	\$12.00						
Sager Traction Splint	\$2.00	\$25.00	\$12.00						
Backboard - Adult	\$5.00	\$25.00	\$12.00						

FOR SOUTHERN REGION EMS COUNCIL USE ONLY

NOTES:			