



## SPECIAL EVENT SUMMARY

(This report of the event is to be returned to Highway Safety Division within 21 days after the date of the event.)

Name of Event: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Number of persons involved in host event: \_\_\_\_\_

Which agencies/organizations provided assistance?

Name of Agency/Organization	Number of Personnel
RCMP	
City/Town Police	
Fire Department	
Municipality Staff	
St. John Ambulance	

Other (Please list below name of organization and number of persons assisting)

Was there fund raising? ☐ Yes ☐ No

If yes, state approximate amount raised: \$ \_\_\_\_\_

Were there other benefits? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Are there ways this event can be improved? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Please check any items that resulted in problems:

- ☐ Route ☐ Safety ☐ Enforcement ☐ Signage  
☐ Volunteers ☐ First Aid ☐ Fire Dept. ☐ Participants

Please list details of any problems: \_\_\_\_\_

Please return completed summary to:

Highway Safety Division  
PO Box 2000, 33 Riverside Drive  
Charlottetown, P.E.I. C1A 7N8  
Tel: (902) 368-5265, Fax: (902) 368-5236