Scope of Work

This document outlines the scope of work being requested. It collects essential details about your company or organization, including the event date, time, location, number of providers needed, and other relevant information.

Once we receive the completed document, we will prepare a quote and follow up with an agreement for signature by an authorized representative designated by you.

If you have any questions, we're happy to assist. We're also available to help guide you in determining your specific medical needs, should you require that support.

Company/Organization Hosting Event:

Contact Person: Frank Hawkins

Contact #: 717-587-8926 Email: frank_hawkins@conestogavalley.org

Date(s) of Event	Arrival Time	Event Start Time	Event End Time	Departure Time
08/22/2026	09:30	10:00	12:00	12:15
09/04/2026	18:30	19:00	21:00	21:15
09/11/2026	18:30	19:00	21:00	21:15
10/02/2026	18:30	19:00	21:00	21:15
10/23/2026	18:30	19:00	21:00	21:15
10/30/2026	18:30	19:00	21:00	21:15

Location of Event (Include full address, building name, common name location, etc.)

Conestoga Valley High School
Stadium (Behind the High School)
2110 Horseshoe Road
Lancaster, PA 17601

Brief Description of Event:

Football Games

Anticipated Number of Attendees: 500-1000

Number of Providers: Please Choose Service Level: Please Choose

In the event of an emergency requiring transport of a patient, will our unit and crew transport the patient or is our unit committed to the event? Please Choose

Additional Information:

Contact Person Day of Event

Name: Janet Hintz

Contact #: 717-203-3272 Contact email: janet_hintz@conestogavalley.org

Billing Information

Invoice to: Conestoga Valley High School

Attn: Athletics - Janet Hintz Email: janet_hintz@conestogavalley.org

Billing Address: 2110 Horseshoe Road

Billing City: Lancaster Billing State: PA Billing Zip: 17601

Who will sign the Agreement (Contract)?

Name: Frank Hawkins

Title: Athletic Director

Email: Frank_hawkins@conestogavalley.org

Janet Hintz

Name of Person Completing This Form

Signature: Frank Hawkins, Jr

Email: janet_hintz@conestogavalley.org

Signature of Person Completing This Form

Aug 7, 2026

Date

2026-07-29 CV HS Football SoW Data Collection Form

Final Audit Report 2026-08-07

Created:	2026-07-29
By:	Ron Oettel (ron@c3.health)
Status:	Signed
Transaction ID:	CBJCHBCAABAAo8Hu4TIxx98JocfPOrSZMC_RJqzZ-xw5

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