NSCS Grayfox Special Event Request Form

Special event request forms need to be submitted to the NSCS Grayfox TWR 825 Public Affairs Office at least **30 days prior** to proposed date. Please submit only one request at a time. Please allow one-two weeks for processing. *Please print clearly.*

1. Description of Event:			
2. Arrival Date:	Arrival Time	:	
3. Departure Date:	Departu	ıre Time:	
4. Duration of Event (da	ys):	_	
5. Requested location(s			
6. Requestor Name: serve as POC througho	ut duration of visit and	must be present during	(Requestor wil g visit.)
Mailing Address: Street:			
City:	State:	Zip Code:	
Phone: E-mail:	Pnone:		
7. Sponsor Information (estor)	
Name & Rank:			
Mailing Address:			
Street: City:	State:	Zip Code:	
Phone: E-mail:	Phone:		
8. Facilities to be used: **If Galley support is red 9. Total number of gues (Note: Minors require 1 specific when requesting	uested, please list ap ts: adult chaperones for e g lodging on an NBC f	proximate dates and tin every 10 minors. This re facility)	
• •	nber of MALE CHAPE nber of MALE MINOR		

 Approximate number of FEMALE CHAPERONES: Approximate number of FEMALE MINORS:
** Please submit list of names with request form, names can be changed at a later date. **
14. List Transportation Information
15. Please enter, or attach, the proposed itinerary for the event:
(Read and initial) I have read and fully understand that my visit to NSCS Grayfox TWR 825 will be canceled with short notice due to necessity. INITIAL:
I understand that if I do not provide a guest list with Hold Harmless Agreement with this form that my request will <i>NOT</i> be processed. INITIAL:
I understand that if I DO NOT submit this form at LEAST 30 DAYS PRIOR to the scheduled event my request WILL NOT BE PROCESSED. INITIAL:

(FOR YOUTH GROUPS, JROTC GROUPS ONLY) Please note that all themed tours have to be coordinated through:

Grayfox Support Coordinator Email: nscsgrayfox@gmail.com