



New York National Guard Child and Youth Support Request

Today's Date: _____

Name of Event: _____

Event Address: _____

Date of Event: _____

POC for Event (with phone number): _____

Please identify the capacity in which you are requesting the support of the NYNG Child and Youth Program. Check (x) all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Child and Youth Provider Forum Table | <input type="checkbox"/> Child and Youth Programming (children 6-18) |
| <input type="checkbox"/> Child and Youth Program Briefing | <input type="checkbox"/> Teen Council Support |
| <input type="checkbox"/> Teen Council Briefing | <input type="checkbox"/> Teen Council Table |
| <input type="checkbox"/> Volunteers | |
| <input type="checkbox"/> Babysitting service (children 0-5, we will arrange for babysitters at the event) | |

If you are requesting the support of the NYNG Child and Youth Program, please do your best to ensure the following:

- There are a minimum of 5 registered children and/or youth
- There is a separate room/space for the 0-5 year olds and for the 6-18 year olds
- There are tables and chairs in both rooms/spaces
- There is carpeting (or something soft i.e. mats) in the 0-5 year old room
- Parent/Guardian contact information is given to CYPCs at least one week prior to the event

*****Please submit this form no later than 30 days prior to the event date*****