

MONTH of the MILITARY CHILD

Planning Form

Garrison Name: _____

Child, Youth & School Services Program: _____

Event Title: _____

Date: _____ **Time:** _____

Place/Location: _____

Target Audience is planned for _____

Event Description: _____

Agencies partnering for the event _____

Funding being used: _____ **Cost:** _____

Point of Contact – Name/Title: _____

POC Phone Number _____ **DSN #:** _____

Email address of POC: _____

CYS Services Coordinators Name and email: _____

CYS Services Coordinator's Phone Number: _____