



Stand-by Scheduling Form

Name of organization requesting stand-by: _____

Name of representative requesting stand-by: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location of stand-by: _____

Date(s) of stand-by: _____

Time of stand-by starts: _____ Time of stand-by ends: _____

Organizational Tax status: **For Profit** **Non-profit**

Is this a municipal agency in Greenwich? _____

Number of attendees expected at event: _____

Profile of participants (ex age groups, special needs, type of athletic event)

Additional Information:
