

**SFD FORM 720**

**STATION VISITS AND CLASSES SCHEDULED**

**CREW:** \_\_\_\_\_ **STATION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Kind of Program Requested:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Length of Program Requested:** \_\_\_\_\_

**Location of Program to be held at:** \_\_\_\_\_

\_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Number of People attending and age group of children:** \_\_\_\_\_

\_\_\_\_\_

**Who was notified:** \_\_\_\_\_

**Date Notification was made:** \_\_\_\_\_

**Notice:**

**Handicap** \_\_\_\_\_ **Deaf** \_\_\_\_\_ **Special Needs** \_\_\_\_\_ **Burn Victims** \_\_\_\_\_