

**REQUEST FOR ARMED FORCES PARTICIPATION IN PUBLIC EVENTS
(NON-AVIATION)**

OMB No. 0704-0290
OMB approval expires
Oct 31, 2009

and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0290). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS FORM.**

ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.

PURPOSE: This form is used to request all Armed Forces **MUSICAL UNIT, TROOP, COLOR/HONOR GUARD, and/or EXHIBIT/EQUIPMENT** participation in public events. The information is required to evaluate the event for appropriateness and compliance with DoD policies and for coordination with the units involved. **Please complete all sections.**

SECTION I - EVENT DATA

1. SPECIFIC REQUIREMENT (i.e., Band, Marching Unit, Color Guard, Tank, etc.)		2. DATE OF EVENT (YYYYMMDD)	3. TIME OF EVENT a. FROM: b. TO:	
4. TITLE OF EVENT (Website, if applicable)		5. EXPECTED ATTENDANCE		
6. SITE OF EVENT (i.e., Park, Auditorium, etc.) (NOTE: This site must be accessible to and usable by persons with disabilities.)		7. ADDRESS OF EVENT (Street, City, State, ZIP Code)		
8. PROGRAM (Describe program theme and objective, audience size and civic makeup, and the purpose of Armed Forces participation.)		9. HAVE OTHER ARMED FORCES UNITS BEEN REQUESTED TO SUPPORT THIS EVENT? (If so, specify.)		
10. IS THERE ANY CHARGE? (i.e., admission, parking, etc. If so, specify.)		11. IS THIS EVENT BEING USED TO RAISE FUNDS FOR ANY PURPOSE? (If so, specify how funds will be distributed.)		

12. WILL ADMISSION, SEATING, AND ALL OTHER ACCOMMODATIONS AND FACILITIES CONNECTED WITH THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN? (X appropriate box)	YES	NO
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SECTION II - SPONSORING ORGANIZATION DATA

13. NAME OF SPONSORING ORGANIZATION			
(X appropriate box for each item.)			
14. IS THE SPONSORING ORGANIZATION A CIVIC ORGANIZATION?		YES	NO
15. DOES THE EVENT HAVE THE OFFICIAL BACKING OF THE LOCAL GOVERNMENT?			
16. DOES THE SPONSORING ORGANIZATION EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS BASED ON RACE, CREED, COLOR, SEX OR NATIONAL ORIGIN?			
17. SPONSOR'S REPRESENTATIVE (Please PRINT all contact information.)			
a. NAME		b. ADDRESS (Street, City, State, ZIP Code)	
c. PRIMARY TELEPHONE NO. (Include area code)	d. ALTERNATE TELEPHONE NUMBER	e. FAX NUMBER (Incl. area code)	f. E-MAIL ADDRESS

SECTION III - SPONSORING ORGANIZATION SUPPORT DATA

Event sponsors must agree to fund certain military expenses when the requested military resources are not local to the geographic area of the event. See paragraph 3 of the Instructions on the back of this form. (X appropriate box for each item.)		
	YES	NO
18. Does the sponsor agree to fund the standard Military Services allowance for meals, quarters, and incidental expenses for Armed Forces participants?		
19. Does the sponsor agree to fund transportation, meals, and hotel accommodations for unit representatives to visit the site prior to the event?		
20. Does the sponsor agree to fund transportation costs from home station to the event and return for Armed Forces participants?		
21. Does the sponsor agree to fund transportation costs for Armed Forces participants between the site of the event and the hotel?		
22. Does the sponsor agree to provide telephone facilities for necessary official communications at the site of the event?		

SECTION IV - CERTIFICATION

23. I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact me to discuss arrangements and costs involved prior to final commitments, or to inform me of their inability to support this event. I also understand that operational commitments must take priority and can preclude a scheduled appearance at an approved public activity.		
a. SIGNATURE OF SPONSOR'S REPRESENTATIVE	b. DATE SIGNED (YYYYMMDD)	c. PRINT NAME AND TITLE