

REQUEST FOR SHEPPARD AFB PARTICIPATION IN PUBLIC EVENTS

PRIVACY ACT STATEMENT:

AUTHORITY: 44 USC 3101

PRINCIPAL PURPOSE(S): Personal information requested for sponsor's representative is needed to provide a central contact for the Sheppard Air Force Base project officer to complete and coordinate arrangements for participation in the event.

ROUTINE USES: None

DISCLOSURE IS VOLUNTARY. Failure to provide requested information could prohibit Sheppard Air Force Base participation.

This questionnaire is used to request Sheppard AFB participation in public events. This information is required to evaluate the event for appropriateness and compliance with Department of Defense policies and for necessary coordination. No commitment to participate can be made until this questionnaire is completed, returned, and evaluated.

REQUEST IS FOR *(Check appropriate block(s))*

- | | | |
|---|---|---|
| <input type="checkbox"/> DRILL TEAM | <input type="checkbox"/> FLAG CORPS | <input type="checkbox"/> COLOR GUARD |
| <input type="checkbox"/> HONOR GUARD | <input type="checkbox"/> DRUM AND BUGLE CORPS | <input type="checkbox"/> BLUE FALCONS CHORALE |
| <input type="checkbox"/> FLAT BED/STAGE | | |

TITLE OF EVENT	CITY	STATE
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DATE	PERFORMANCE START _____ END _____	PLACE <i>(Convention hall, football field, etc)</i>
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SPONSOR: _____

THE SPONSOR (IS) (IS NOT) A CIVIC ORGANIZATION AND THE EVENT (DOES) (DOES NOT) HAVE THE OFFICIAL BACKING OF THE MAYOR.
 THE SPONSORING ORGANIZATION (DOES) (DOES NOT) EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS, BASED ON RACE, CREED, COLOR OR NATIONAL ORIGIN.

NAME OF SPONSOR'S REPRESENTATIVE <i>(Person authorized to complete arrangements)</i>	ADDRESS <i>(Street, City, State, & Zip Code)</i>	OFFICE TELEPHONE NO. <i>(Include Area Code)</i>
		HOME TELEPHONE NO. <i>(Include Area Code)</i>

PURPOSE OF EVENT *(Explain fully)*

IS EVENT BEING USED TO RAISE FUNDS FOR ANY PURPOSE?	IS EVENT OPEN TO THE GENERAL PUBLIC?	IS THERE A CHARGE FOR ADMISSION/ SEATING
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISPOSITION OF PROFITS WHICH MAY ACCRUE

NAME AND ADDRESS OF ANY SHEPPARD AFB REPRESENTATIVE OR OTHER GOVERNMENT OFFICIAL WITH WHOM YOU MAY HAVE DISCUSSED POSSIBLE PARTICIPATION

OTHER FACTS OR COMMENTS

CERTIFICATION

I certify that the information provided above is complete and correct to the best of my knowledge and belief. I understand that a representative of Sheppard Air Force Base will contact me to discuss arrangements involved prior to final commitment.

DATE	SIGNATURE OF SPONSOR'S REPRESENTATIVE
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