

## GOODFELLOW AFB HONOR GUARD Request Form

Point of Contact Name	Phone Number	Email Addres	ss	Today's Date	
Organization		Please Select:		Is this request 72 hours in advance? Yes No	
Please select what applies:					
Posting Colors (Honor Guard on Retirement (Honor Guard only) Flag Fold Demo		esenting Colors rade			
Event Name		Event Date			
Event Times Desired Arr	ival Time	Departure Time			
Information about the event:					
Is this event being used to advertise your organization? Is this event a feature of the second secon		t a fundraiser?	Is the event ta base?	iking place off	
Yes No	Yes	No	Yes	No	
How many attendees do you expect?		Who is hostir	Who is hosting the event?		
Is local media invited? If so, who?		Where is the	Where is the event being held?		
PUBLIC AFFAIRS OFFICE USE ON Recommends	PA Office Re	PA Office Representative			