

# REQUEST FOR FORT LEE SUPPORT

Fort Lee Garrison Public Affairs Office • 3312 A Avenue, Suite 123 • Fort Lee, VA 23801

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Use this form to request Fort Lee band, equipment display and color/honor guard(s) participation in public events. Requests are evaluated for DoD and U.S. Army policy compliance and availability of supporting units.

**Submit this form no less than 45 days or more than 90 days prior to the requested event date.**

## WHO: Please complete the following information regarding your organization.

Sponsoring Organization: \_\_\_\_\_

Type of Organization:  Civic  Veteran  Non-Profit  Religious  Other

If other, please explain: \_\_\_\_\_

Name (for coordination): \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## WHAT: Please supply the following information regarding your event.

Event Title: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Support Requested: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_ Event is free of charge and open to the general public:  Yes  No

If no, please explain: \_\_\_\_\_

*(If parking fees apply, organization coordinator must arrange free parking for support personnel.)*

## WHEN: Please list date and time information for the event.

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## WHERE: Please give specific location of event; to include address and location inside a facility.

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

Will the event be held:  inside?  outside?

Have other Armed Forces units been requested to support this event?  Yes  No

If so, please specify: \_\_\_\_\_

If personnel and/or assets are approved, the requestor agrees to coordinate event details and rehearsals as necessary with Fort Lee personnel. The requestor understands that events outside the immediate Fort Lee area may require funding for transportation, meals and/or lodging. The requestor recognizes that military commitments take priority in all cases and may preclude a confirmed appearance at an approved public activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_