## COLOR GUARD REQUEST FORM ILLINOIS NATIONAL GUARD

Please forward all requests to: Public Affairs Office

ATTN: Community Relations Manager

1301 N. MacArthur

Springfield, IL 62702-2399

Email: ng.il.ilarng.list.staff-pao@mail.mil

Office: (217) 761-3569 Fax: (217) 761-2988

NOTE: REQUESTS MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO EVENT TO BE PROCESSED (per Chief of Staff Memo dated June 10, 2014)

Requesting Organization:	questing Organization: Organization Address:	
Organization Point of Contact (POC):		POC Phone Number:
POC E-mail Address:		Last Possible Date to Secure Support:
Location of Mission (complete address):		Contact Phone Number at the Location:
Uniform Soldiers/Airmen need to wear (check one) Dress Uniform (more formal)  OR Fatigues (camouflage)		Check all that apply: Post Colors ☐/Retire Colors ☐/March in parade ☐
Start Date/Time of Mission End Date/T	ime of Mission	Check one: Army
Is the event open to the public?   Yes   No (Please check a box)		
Is there an admission fee for your event?   Yes   No (Please check a box)		
Is this event a fundraiser?   Yes   No (Please check a box)		
Is this a patriotic event?  Yes  No (Please check a box)		
<b>Detailed</b> description of support requested and why Illinois National Guard support is requested:		
By signing this, you acknowledge that this event is not a fundraiser, not affiliated with marketing of a business/organization, and not political in nature.		
SIGNED	DATE	