REQUEST FOR MILITARY AERIAL SUPPORT REQUEST NUMBER

ALL EVENT SPONSORS MUST READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.

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

SECTION I - ACTIVITY

(X one) complete as applicable	1. DATES REQUESTED (YYYYMMDD)	2. TYPE AIRCRAFT REQUESTED (MC, JC)	SPECIFIC (Optional)	3. MILITARY SERVICE REQUESTED (MJ, JC)	SPECIFIC (Optional)
a. FLYOVER (See paragraph 4 of instructions)					
b. STATIC DISPLAY (See paragraph 5 of instructions)					
c. SINGLE AIRCRAFT DEMONSTRATION (See paragraph 7 of instructions)					
d. OTHER AERIAL SUPPORT (Specify)					

4. AERIAL DEMONSTRATION TEAM (X all requested) (See instructions)	5. PRIMARY TYPE (YYYYMMDD)	6. TARGETS DATES (YYYYMMDD)	7. WILL CROWD BE NOT CONCILIATION BLOCK (X one)
ARMY GOLDEN KNIGHTS			
NAVY BLUE ANGELS			
NAVY LEAP FROG			
AIR FORCE THUNDERBIRDS			YES
E OF BLUE			NO
OTHER (Specify)			

SECTION II - EVENT AND SITE INFORMATION

1. EVENT (Include if applicable) (and website, if applicable)	2. EVENT START AND END DATES

3. SITE OF EVENT (Must be accurate to service information)	4. SITE CITY, STATE AND ZIP CODE	5. SITE ELEVATION (Feet above sea level)	6. RUNWAY LENGTH & WIDTH

7. AIRSHOWS HERE	8. (Which, and, with, etc.)	9. DISPLAY REQUESTED (Show Airfield Turnaround point of contact if applicable)
YES NO		

10. EVENT SITE CERTIFICATION: (To be completed by an agent exercising authority for site use) I certify that an agreement has been made with the sponsoring organization indicated in Section III to use the event site indicated in 3.a. above.

11. NAME (Last, First, Middle Initial (Include on Middle Name))	DAYTIME TELEPHONE NO. (Include area code)	
12. SIGNATURE DATE SIGNED (YYYYMMDD)		

(YYYYMMDD) 13. IS THERE CIVILIAN AERIAL PARTICIPATION PLANNED FOR THE EVENT? (X one)	YES NO

14. ATTENDANCE		(X as applicable)				
a. PROJECTED	PRIOR EVENT	TELEVISION REGIONAL NATIONAL	RADIO PRINT NONE	SOCIAL MEDIA	YOUR MEDIA FOCUS (Name/Website/Channel)	

SECTION III - SPONSOR INFORMATION

1. NAME (Include website)	2. TYPE (X one) ORGANIZATION INDIVIDUAL

3. POINT OF CONTACT FOR AVIATION ALTHOUGH FOR THIS EVENT (Please POINT of contact information)

a. (X one) YES NO	b. NAME (Last, First, Middle Initial) NAME (X Initial)	
c. TELEPHONE NO. (Include area code & code if applicable) (1) (2)	d. E-MAIL ADDRESS, FAX NO. (Include area code)	