

## AIR FORCE ROTC DETACHMENT 088 COLOR GUARD



## **DETAIL REQUEST FORM**

Please send completed request form to: det.088colorguard@gmail.com

SECTION ONE: REQUESTOR INFORM	MATION			
Organization/School Name:				
Point of Contact Name:		Email:		
Address:				
Phone #:				
SECTION TWO: EVENT INFORMATIO	DN			
Name of Event:				
Expected # in Attendance:				
Description of Event:				
SECTION THREE: TYPE OF DETAIL R	REQUESTED			
Present Colors	Post Colors	Retire Colors	Flag Folding	
SECTION FOUR: LOCATION INFORM	IATION			
Date:		Time:		
Location Name:	_			
Detail Address:				
Additional Directions to Detail Locati	ion:			
Indicate any other special requests:				

Please allow up to **three weeks or more** in advance to ensure availablity of the Color Guard Detail.