

REQUEST FOR ARMY BAND SUPPORT

(NON-MILITARY ORGANIZATION REQUEST)

I. GENERAL DATA

1. TITLE OF EVENT		2. DATE OF PERFORMANCE		
3. LOCATION OF EVENT <i>(Street, City, State, Zip)</i>		4. TIME OF PERFORMANCE		
		a. FROM	b. TO	
5. SPONSORING ORGANIZATION <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS BASED ON RACE, CREED, COLOR, SEX, OR NATIONAL ORIGIN.				
6. THE SPONSOR <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A CIVIC ORGANIZATION AND THE EVENT <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT HAVE THE OFFICIAL OF BACKING OF THE MAYOR.				
7. REQUESTING ORGANIZATION'S INFORMATION				
a. ORGANIZATION	b. POINT OF CONTACT	c. WORK NO.	d. HOME NO.	e. FAX NUMBER
e. PURPOSE OF EVENT <i>(Explain fully)</i>			f. EXPECTED ATTENDANCE AT EVENT	
g. INDICATE IF THERE WILL BE ANY CHARGE. <i>(If Yes, give disposition of funds in block 9.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	h. EVENT IS BEING USED TO PROMOTE FUNDS FOR ANY PURPOSE.	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
i. INDICATE IF ADMISSION, SEATING AND ALL OTHER ACCOMMODATIONS AND FACILITIES CONNECTED WITH THE EVENT WILL BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AND NATIONAL ORIGIN.		<input type="checkbox"/> YES <input type="checkbox"/> NO	j. SPONSOR WILL ASSUME FULL COST FOR VISIT BY ARMY BAND REPRESENTATIVE PRIOR TO THE EVENT, FOR COORDINATION PURPOSES, INCLUDING TRANSPORTATION, MEALS, AND HOTEL.	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
k. WILL ASSUME COST OF BAND TRANSPORTATION FROM HOME STATION TO EVENT AND RETURN.		<input type="checkbox"/> YES <input type="checkbox"/> NO	l. WILL PROVIDE STANDARD FEDERAL ALLOWANCES FOR QUARTERS AND MEALS FOR ARMY BAND PARTICIPANTS.	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. REQUESTING ORGANIZATION CERTIFICATION				
a. SIGNATURE <i>(Organization Representative)</i>		b. REQUESTER POSITION		c. DATE OF REQUEST
d. <i>I certify that all information provided above is complete and correct to the best of my knowledge and belief. I understand that representatives of the Band and/or PAO will contact me to discuss arrangements and costs involved prior to final commitments. I understand that Army Band involvement can be superseded by higher military priorities.</i>		9. REMARKS		

II. SPECIFIC BAND REQUIREMENTS

10. TYPE OF MUSICAL GROUP REQUIRED <i>(Check all applicable blocks)</i>			
<input type="checkbox"/> MARCHING BAND	<input type="checkbox"/> CONCERT BAND	<input type="checkbox"/> SHOWBAND "ARCTIC ROCK"	<input type="checkbox"/> JAZZ BAND "ALASKA BIG BAND"
<input type="checkbox"/> BRASS/WOODWIND ENSEMBLE	<input type="checkbox"/> JAZZ COMBO	<input type="checkbox"/> BUGLER(S)	<input type="checkbox"/> PIANO/GUITAR
<input type="checkbox"/> DRUMMER	<input type="checkbox"/> DIXIELAND	<input type="checkbox"/> OTHER <i>(Specify fully)</i>	

III. RECOMMENDATION/APPROVAL PROCESS

(For Official Use Only)

11. SCHEDULING AUTHORITY <i>(PAO, FWA)</i>			
a. BAND RECOMMENDATION			
1) CALENDAR OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	2) FORECASTED COMMITMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	3) BAND FUNDS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	4) RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
5) REMARKS			
b. SJA RECOMMENDATION			
1) RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	2) REMARKS		
c. PAO RECOMMENDATION			
1) RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	2) SIGNATURE	3) DATE	
4) REMARKS			
12. APPROVAL AUTHORITY <i>(USARAK DPTSM)</i>			
a. APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	b. SIGNATURE	c. DATE	
d. REMARKS			
14. TASKING AUTHORITY <i>(DPTSM, FWA)</i>			
a. TASKING NUMBER	b. SIGNATURE	c. DATE	
d. REMARKS			