

REQUEST FOR ARMY BAND SUPPORT

(MILITARY ORGANIZATION REQUEST)

I. GENERAL DATA

1. TITLE OF EVENT		2. DATE OF PERFORMANCE	
3. LOCATION OF EVENT (<i>Bldg, Parade Field, Post/Base, State</i>)		4. TIME OF PERFORMANCE	
		a. FROM	b. TO
5. FULL DRESS REHEARSAL [NOTE: Changes of Command (Bn - Bass Drum/Band Rep Only) (C of C) Only]	6. DATE OF REHEARSAL	7. TIME OF REHEARSAL	
<input type="checkbox"/> YES <input type="checkbox"/> NO		a. FROM	b. TO
8. REQUESTING ORGANIZATION'S INFORMATION			
a. UNIT	b. POINT OF CONTACT	c. PHONE NO.	d. 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 10.</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. UNIT WILL ASSUME COST OF BAND TRANSPORTATION FROM HOME STATION TO EVENT AND RETURN.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	j. UNIT WILL PROVIDE STANDARD FEDERAL ALLOWANCES FOR QUARTERS AND MEALS FOR ARMY BAND PARTICIPANTS.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. REQUESTING ORGANIZATION CERTIFICATION			
a. SIGNATURE (<i>Unit Representative</i>)	b. SIGNATURE BLOCK	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 DPTSM will contact me to discuss arrangements and costs involved prior to final commitments.</i>	10. REMARKS		

II. SPECIFIC BAND REQUIREMENTS

11. TYPE OF MUSICAL GROUP REQUIRED (<i>Check all applicable blocks</i>)			
<input type="checkbox"/> MARCHING/CEREMONIAL BAND	<input type="checkbox"/> CONCERT BAND	<input type="checkbox"/> SHOWBAND "ARCTIC ROCK"	<input type="checkbox"/> ALASKA BIG BAND
<input type="checkbox"/> BRASS/WOODWIND ENSEMBLE	<input type="checkbox"/> JAZZ COMBO	<input type="checkbox"/> BUGLER	<input type="checkbox"/> DRUMMER
<input type="checkbox"/> PIANO/GUITAR	<input type="checkbox"/> BASS DRUM/BAND REP (<i>C of C Dress Rehearsal only</i>)	<input type="checkbox"/> DIXIELAND "JAMIN' SALMON"	<input type="checkbox"/> OTHER (<i>Specify fully</i>)

III. RECOMMENDATION/APPROVAL PROCESS

(For Official Use Only)

12. SCHEDULING AUTHORITY (DPTSM, FWA)			
a. BAND RECOMMENDATION			
1) BAND 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. DPTSM RECOMMENDATION			
1) RECOMMEND APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	2) SIGNATURE	3) DATE	
13. APPROVAL AUTHORITY (POST COMMANDER, FWA)			
a. APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	b. SIGNATURE	c. DATE	
d. REMARKS			
14. TASKING AUTHORITY (DPTSM, FWA)			
a. TASKING NUMBER	b. SIGNATURE	c. DATE	
d. REMARKS			