



PERFORMING UNITS QUESTIONNAIRE

Your information will be reviewed to determine group availability or if any restrictions may apply. Not all requests can be accommodated.

What unit do you want to perform?
Name of your sponsoring organization:
Name of your event:
Date of event:
Location of the event (complete address/bldg., room number etc.):
Time the event starts:
Time you want the unit to perform:
Time the event ends:
Expected audience size:
Name of point of contact (POC) and job title:
Work address of POC:
Work phone number of POC:
E-mail address:
For military retirements, Branch of Service:
Provide details explaining what our group is to do at your event:

Give a detailed description of the event, special guests, and your organization:

State what arrangements that you can or cannot provide for the unit (meals, passes, event script etc. as listed in the attachment).*

My organization can provide the following:

My organization **cannot** provide the following:

Will there be media coverage:

No Yes local national

Is the event televised?

No Yes

If yes will our group be televised during the event?

No Yes

If not able to be shown live or later during the broadcast please state why this is not possible:

The event is: private non-profit civic military community

The admissions charge will be:

none \$_____ per adult.

The disposition of event profits will be:

Have other USAFA or armed forces units been requested to support this event? (If so, specify)

Other details not covered in the other fields:

* Meals, lodging, transportation, and other expenses are the responsibility of the requestor in most cases. Transportation requirements may be needed, normally outside of the Colorado Springs area.