

<b>AIR FORCE PARACHUTE TEAM "WINGS OF BLUE" PERFORMANCE REQUEST (FOUO)</b>		DATE OF REQUEST
<b>PERFORMANCE DETAILS</b>		
1. EVENT NAME	2. PERFORMANCE DATE(S)	3. DROP TIME(S)
5. PERFORMANCE LOCATION ( <i>Facility, City, State</i> )		6. DD FORM 2535 APPROVAL NUMBER
7. EXPECTED ATTENDANCE	8. AUDIENCE COMPOSITION ( <i>Civic, Military, Community, etc.</i> )	
9. REQUESTING OFFICIAL	10. TITLE	11. ORGANIZATION
12. DUTY ADDRESS		13. DUTY TELEPHONE
14. REQUESTERS EMAIL ADDRESS		15. POINT OF CONTACT NAME/EMAIL ( <i>If different than requester</i> )
16. INTENDED AIRLIFT TO/FROM EVENT <input type="checkbox"/> Wings of Blue Twin Otter <input type="checkbox"/> Other Military Aircraft (C-130, C-17, etc.) <input type="checkbox"/> Commercial		17. INTENDED AIRDROP PLATFORM DURING PERFORMANCE <input type="checkbox"/> Wings of Blue Twin Otter <input type="checkbox"/> Other Military Aircraft (C-130, C-17, Helicopter, etc.) <input type="checkbox"/> Heritage Aircraft (B-17, C-47, C-53) <input type="checkbox"/> Civilian Jump Aircraft
20. TYPE OF PARACHUTE PERFORMANCE REQUESTED <b>LOW SHOW OPTIONS (Approx. 4500 ft. exit alt)</b> <input type="checkbox"/> 6 SERVICE FLAGS & POW FLAG <input type="checkbox"/> CUSTOM SHOW (Ex: 9 U.S. FLAGS) <input type="checkbox"/> OTHER: PLEASE DESCRIBE  <input type="checkbox"/> BOTH HIGH AND LOW		<b>HIGH SHOW OPTIONS (Approx. 10K ft. exit alt)</b> <input type="checkbox"/> BOMB BURST W/SMOKE (4-6 Jumpers) <input type="checkbox"/> CANOPY FORMATIONS (2-4 Jumpers)
21. ACCOMODATIONS PROVIDED <input type="checkbox"/> HOTEL <input type="checkbox"/> BASE LODGING		GROUND TRANSPORTATION (3-4 Vehicles) <input type="checkbox"/> RENTAL VEHICLES <input type="checkbox"/> BASE TRANSPORTATION
22. PER DIEM <b>IAW AFI 35-105 THE USAF PARACHUTE TEAM IS ONLY AUTHORIZED TO PERFORM AT EVENTS THAT ARE WILLING AND ABLE TO PAY PER DIEM RATES SET BY THE GSA, BASES ON THE EVENT LOCATION.</b>		
23. METHOD OF PAYMENT <input type="checkbox"/> DEFENSE TRAVEL SYSTEM (DTS) <input type="checkbox"/> CHECK ( <i>Most Civilian Events</i> ) NOTE: "In-Kind" payments for both Accommodations and Ground Transportation are authorized.		
24. STATEMENT OF UNDERSTANDING By signing below I understand and accept the following: 1. Approval by the Air Force Parachute Team's leadership is based on the host receiving approval from both their local FSDO office via a 2535 and the SAF/PA Aerial Events Office, at least 60 days prior to the event. 2. The host is responsible for understanding and meeting all requirements listed in the AFPT Support Guide. 3. Failure to receive required approvals, comply with timelines, or support requirements to AFPT satisfaction, are all cause for AFPT performance cancelation at any point prior to or during the event start date.		
25. SIGNATURE OF REQUESTING OFFICIAL		

**FOR INTERNAL 98 FTS "Wings of Blue" USE ONLY  
DEMONSTRATION APPROVAL/COORDINATION ROUTING SHEET**

EVENT DETAILS/COORDINATORS REVIEW		
OTTER REQUIRED	ESTIMATED NUMBER OF DAYS (To include travel days)	
PERFORMANCE REQUESTED	TOTAL PERSONNEL REQUIRED (To include ground crew/pilots)	
LANDING ZONE CATAGORY	CONFLICTING ENGAGEMENTS	
SCA DAYS REQUIRED	SMOKE ATR REQUIRED	
ETP REQUIRED	JUSTIFICATION	
DC REMARKS		
DC RECOMMENDATION	DC INITIALS	DATE
DEMO COACH REMARKS		
DEMO COACH RECOMMENDATION	COACH INITIALS	DATE
JUMP FLIGHT REMARKS		
JUMP FLIGHT RECOMMENDATION	JF INITIALS	DATE
OPERATIONS FLIGHT REMARKS		
OPS FLIGHT RECOMMENDATION	OF INITIALS	DATE
DIRECTOR OF OPERATIONS REMARKS		
DO RECOMMENDATION	DO INITIALS	DATE
COMMANDERS COMMENTS		
CC APPROVED / DISAPPROVED	CC INITIALS	DATE