REQUEST FOR NJNG PARTICIPATION IN PUBLIC EVENTS

GENERAL DATA

1. TITLE OF EVENT

2. DATE OF PERFORMANCE

3. LOCATION OF EVENT (City, State, Zip Code)

4. TIME OF PERFORMANCE FROM TO

5. SPONSOR

6. PLACE (Airport, convention, etc.)

7. THE SPONSOR □ IS □ IS NOT A CIVIC ORGANIZATION AND THE EVENT □ DOES □ DOES NOT HAVE THE OFFICIAL BACKING OF THE MAYOR.

8. SPONSORING ORGANIZATION □ DOES □ DOES NOT EXCLUDE ANY PERSON FROM ITS MEMBERSHIP OR PRACTICE ANY FORM OF DISCRIMINATION IN ITS FUNCTIONS, BASED ON RACE, CREED, COLOR OR NATIONAL ORIGIN.

REPRESENTATIVE AUTHORIZED TO COMPLETE ARRANGEMENTS FOR ARMED FORCES PARTICIPATION:

A. NAME AND ADDRESS (Include Zip Code)

B. TELEPHONE NUMBERS (Include Area Code)

OFFICE HOME

C. EXPECTED ATTENDANCE AT EVENT

10. PURPOSE OF EVENT (Explain fully)

11. COMPLETE THE FOLLOWING BY CHECKING THE APPROPRIATE BLOCK.

A. EVENT IS BEING USED TO PROMOTE FUNDS FOR ANY PURPOSE.

B. INDICATE IF THERE WILL BE ANY CHARGE. (If Yes, give disposition of funds in Item 13).

C. 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 OR NATIONAL ORIGIN.

D. SPONSOR WILL PROVIDE STANDARD MILITARY SERVICES ALLOWANCES FOR QUARTERS AND MEALS FOR ARMED FORCES PARTICIPANTS.

E. SPONSOR WILL ASSUME COST OF ROUND-TRIP TRANSPORTATION FROM HOME STATION AND BETWEEN THE SITE OF THE EVENT AND HOTEL (If required).

F. SPONSOR WILL ASSUME COST OF OFFICIAL TELEPHONE COMMUNICATIONS NECESSARY REGARDING THE EVENT.

G. SPONSOR WILL ASSUME FULL COSTS FOR VISIT BY ARMED FORCES REPRESENTATIVE PRIOR TO THE EVENT TO THE SITE, INCLUDING TRANSPORTATION, MEALS AND HOTEL. (If necessary)

SPECIFIC BAND REQUIREMENTS

12. TYPE OF UNIT REQUIRED (Check applicable blocks)

MARCHING BAND CONCERT BAND DANCE/SHOW BAND POPULAR MUSIC COMBO PROTOCOL COMBO

INDIVIDUAL MUSICIANS SPECIFY OTHER ENSEMBLE SPECIFY

13. REMARKS

14. CERTIFICATION

I certify that the information provided above is complete and correct to the best of my knowledge and belief. I understand that representatives of the NJNG will contact me to discuss arrangements and costs involved prior to final commitments.

DATE OF REQUEST

SIGNATURE (Sponsor's Representative)

15. RETURN THIS FORM TO: