

AVIATION SUPPORT REQUEST

Unit Requesting:

SECTION I – ACTIVITY

- | | | | | | | |
|-----------------------------------|--|--|---|---|---------|----------------|
| 1. Requested Date:
(dd-mmm-yy) | 2. Type of Support: | | | | | |
| 3. Aircraft Requested: |  MH65 |  MH60 |  C-130 |  C-144 | Flyover | Static Display |
| | | | | SAR Demo | Other | |

SECTION II – EVENT AND SITE INFORMATION

- | | | |
|---------------------------------|-------------------|--|
| 1. Event Title: | 2. Site of Event: | 3. Site Address: |
| 4. Landing Area Description: | | |
| 5. Other agencies participating | 6. Attendance: | 7. Planned media coverage: |
| | Projected: | TV Newspaper Radio |
| | Prior Events: | www Magazine Other |

SECTION III – SPONSOR INFORMATION

- | | | | |
|--|---|----|--|
| 1. Local Sponsoring Organization: | 4. Does sponsoring organization permit membership without regard to race, religion, sex, or color? | | |
| | YES | NO | |
| 2. Sponsor's Status: | 5. Will all aspects of the event be available to all persons without regard to race, religion, sex, or color? | | |
| PROFIT NON-PROFIT | YES | NO | |
| 3. Point of Contact: | 6. Does the event have facilities to accommodate the handicapped? | | |
| | YES | NO | |
| | 7. Will the event be open to the general public? | | |
| | YES | NO | |

SECTION IV – PROGRAM

- | | |
|--------------------------------|--|
| 1. Price of admission (if any) | 2. Purpose for which funds will be used: |
|--------------------------------|--|

ROUTING

Signature	Name	UNIT	Yes / No
			OPS
			CO
			District
			LANT-37
			LANT-3
			CoS

Per VCG's Travel and Community Outreach Guidance, participation in this event is categorized as a restricted activity (6.b.1), and requires approval by the first flag officer or senior executive service member in the chain of command (may be delegated to Deputies or Chiefs-of-Staff).

REMARKS