

USAF BAND OF THE PACIFIC REQUEST (military)



		Curre	nt Date	
Title of Event:		Performance Date:		
Sponsoring Organization:		Event Time:		
Location/Address:		Performance Time:		
Primary POC:		Phone:		
Title or Position:		E-mail/phone #2:		
Alternate POC:		Alt. POC Phone		
Expected Attendance:		Will food be provided?	Yes No Unknown	
Senior Host/DV:		Other DV/VIPs:		
Title or Position:		Title or Position:		
Will the audience include a significant amount of non- military affiliated local community members?	Yes No Unknown	Will this event include a significant amount of our bilateral/ multinational allies?	Yes No Unknown	
At this time is there an expectation of media coverage for this event?	Yes No Unknown	Media Outlet (if known)	USAF PA 374 PA AFN TV Print AFN radio	
Style (please check all that may apply)	Rock/Pop Ensemble Protocol/Jazz Combo Solo Musician(s) Ceremonial Classical	Setting/Requirements (please check all that may apply)	Featured Show Background Music Bugle (Taps etc.) Vocalist (Anthems etc.)	
Purpose of Event/Spec	cial Notes:	1		

1. I certify that the event described above is an official DoD function I am hosting or conducting as a member of the Department of Defense in the performance of official duties.

2. If the event is scheduled for a location not on government property, it is because government facilities are unavailable or of insufficient size to support the event.

I hereby submit this request for PACAF Band of the Pacific-Asia.

//SIGNED//

Please e-mail this signed form to pacafband.yokotaops@us.af.mil