

## **Marine Corps Forces Central Command**





The purpose of this form is to request a US Marine Corps Color Guard and/or Guest Speaker to participate in public events. The information is required to evaluate the event for appropriateness and compliance with DoD policies and for coordination with units involved. Please complete all sections. All information will be handled on a "FOR OFFICIAL USE ONLY" basis.

	Sectio	n I - EVENT DATA
Requesting		Start Date Start Time
	nitted multiple Submit or this event Date	End Date End Time
Title of Event		
Site of Event: (i.e., Park, Auditorium, etc.) NOTE: This site must be accessible to persons with disabilities		Address of Event (Street, City, State, Zip Code)  Street  City  State
Event Website		Zip
	on: Describe program, theme, objective, and purpose for military participation.	Is this event being used to raise funds for any purpose?  Yes (if yes, specify) No  Is there a cost? (i.e., admission, parking, etc. If so, specify.)  Yes No
	n, seating, and all other accommodations I persons without regard to race, creed,	s and facilities connected with this event be Yes No color, sex or national origin?
	Section II - Spo	onsoring Organization Data
	me of sponsoring organization	Sponsor address (Street, City, State, Zip Code) Street
Event coordinator e-mail address		City State
POC		Zip
	Phone  The "Print Form" button above to opy of this form for your records.	Click the "Submit by Email" button above to submit the form. If you do not have a default e-mail program on your computer, you will need to save the form first, then open your e-mail to attach the file.