

## REQUEST FOR NJNG PARTICIPATION IN PUBLIC EVENTS

I. 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 <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A CIVIC ORGANIZATION AND THE EVENT <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT HAVE THE OFFICIAL BACKING OF THE MAYOR.							
8. SPONSORING ORGANIZATION <input type="checkbox"/> DOES <input type="checkbox"/> 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.							
9. REPRESENTATIVE AUTHORIZED TO COMPLETE ARRANGEMENTS FOR ARMED FORCES PARTICIPATION:							
A. NAME AND ADDRESS (Include Zip Code)		B. TELEPHONE NUMBERS (Include Area Code)		C. EXPECTED ATTENDANCE AT EVENT			
		OFFICE	HOME				
10. PURPOSE OF EVENT (Explain fully)							
11. COMPLETE THE FOLLOWING BY CHECKING THE APPROPRIATE BLOCK.							
		YES	NO			YES	NO
A. EVENT IS BEING USED TO PROMOTE FUNDS FOR ANY PURPOSE.				E. SPONSOR WILL ASSUME COST OF ROUND-TRIP TRANSPORTATION FROM HOME STATION AND BETWEEN THE SITE OF THE EVENT AND HOTEL (If required).			
B. INDICATE IF THERE WILL BE ANY CHARGE. (If Yes, give disposition of funds in item 13).				F. SPONSOR WILL ASSUME COST OF OFFICIAL TELEPHONE COMMUNICATIONS NECESSARY REGARDING THE EVENT.			
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.				G. SPONSOR WILL ASSUME FULL COSTS FOR VISIT BY ARMED FORCES REPRESENTATIVE PRIOR TO THE EVENT TO THE SIDE, INCLUDING TRANSPORTATION, MEALS AND HOTEL. (If necessary)			
D. SPONSOR WILL PROVIDE STANDARD MILITARY SERVICES ALLOWANCES FOR QUARTERS AND MEALS FOR ARMED FORCES PARTICIPANTS.							
II. SPECIFIC BAND REQUIREMENTS							
12. TYPE OF UNIT REQUIRED (Check applicable blocks)							
MARCHING BAND	CONCERT BAND	DANCE/SHOW BAND		POPULAR MUSIC COMB		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 NJARNG 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:							