

NAVY BAND NORTHEAST

347 Easton Street Newport, RI 02841 401-841-2479

NavyBandNEoperations@us.navy.mil

Military Request Form

Wilitary Request Form				
Event Information				
Date Time				
Change of Command Ceremony Ra	ank of Outgoing CO	Rank of Incoming CO		
Retirement Ceremony Grade/Rai	nk/Name of Retiree			
Military Ball (select all that apply) Cocktail Music Dance Music Other (please specify)				
Other Ceremony (please specify)				
Name and Rank of senior member of Official Party	Uniform	of Official Party		
I UNDERSTAND THAT ALL HONORS, INCLUDING THE NATIONAL ANTHEM, MUST BE PERFORMED BY NAVY BAND NORTHEAST PERSONNEL ONLY				
Site Information				
Name		Type of Location	Est	imated # of Attendees
ress		Inclement weather site available Yes No		
dress		If yes, please describe		
City State	Zip Code			
Contact Information				
Primary Point of Contact S	Secondary Point of C	Contact	Full Command Name/	Mailing Address
Name	Name		Name	
Work phone ext.	Work phone	ext.	Address	
Cell phone	Cell phone		Address	
Email	Email		City, State, Zip	
Additional Information				
Printed Name and Title:			Date:	
Signature:				
Requires CO/OIC				