



# REQUEST FOR CEREMONIAL SUPPORT



**U.S. AIR FORCE**

**WRIGHT-PATTERSON AFB  
5396 SKEEL AVE, BLDG. 109  
WPAFB, OH 45433-5266**

**PHONE: (937) 257-8964  
FAX: (937) 656-3994  
EMAIL: [hg\\_admin@us.af.mil](mailto:hg_admin@us.af.mil)**

**When requesting Military Services:** fax or email this completed form

Please be advised that *the process is not final until you have been contacted by this office*; to confirm and verify the receipt and completion of this form.

When requesting Military Services please take notice of the following restrictions:

- Retirement/Promotion ceremonies are reserved for rank of E7 & above, O4 & above, and SES only
- Posting request outside of a 60 mile radius will be denied
- Posting requests come second to military funerals and can be canceled or denied in order to meet funeral requirements
- **The Honor Guard Superintendent makes final decision of approval or denial for all requests at their discretion**

For scheduling, it is crucial that you provide us **48 hours** notice to allow sufficient time to prepare and travel to your designated area.

PERSON BEING HONORED OR EVENT NAME: \_\_\_\_\_  
(Rank, Last, First, MI or Event Name)

DATE REQUESTED: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

**MON / TUE / WED / THU / FRI / SAT / SUN**

TYPE OF CEREMONY: **PROMOTION / RETIREMENT / SPECIAL EVENT / TRAINING**

WHAT IS BEING REQUESTED: **CORDON / FLAG FOLDING / FLAG UNFURLING / PRESENTATION  
OF COLORS / POSTING OF COLORS / RETIREMENT OF COLORS / REVELLE / RETREAT / OTHER**

ORGANIZATION: \_\_\_\_\_ PLAYING OF THE NATIONAL ANTHEM: **YES / NO**

LOCATION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PRIMARY POC: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

WORK CONTACT: \_\_\_\_\_ CELL CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE POC: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

WORK CONTACT: \_\_\_\_\_ CELL CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CEREMONY HOST: \_\_\_\_\_

DISTINGUISHED GUEST: \_\_\_\_\_

ADDITIONAL INFO: \_\_\_\_\_

APPROVED/DISAPPROVED: (if disapproved) \_\_\_\_\_

HONOR GUARD SUPERINTENDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_