



WOUNDED WARRIOR REGIMENT HOST DATA FORM

1. PROVIDE CONTACT INFORMATION FOR YOUR ORGANIZATION:

- ◆ NAME OF ORGANIZATION: _____
- ◆ POINT OF CONTACT: _____
- ◆ TELEPHONE: _____
- ◆ CELL PHONE: _____
- ◆ E-MAIL: _____
- ◆ WEBSITE: _____

2. PROVIDE A BRIEF DESCRIPTION OF THE EVENT:

- ◆ WHO: _____
- ◆ WHAT: _____
- ◆ WHERE (PLACE AND ADDRESS): _____
- ◆ WHEN (DATE AND TIME): _____
- ◆ WHY: _____

3. ARE YOU CONDUCTING AN ACTIVITY ABOARD A MILITARY INSTALLATION? IF YES, PLEASE PROVIDE AN ATTACHED COPY OF THE INSTALLATION COMMANDER'S APPROVAL IN ACCORDANCE WITH DoDI 1000.15 AND DoDI 1100.21, IF APPLICABLE.

4. DO YOU HAVE A CONTRACT WITH THE GOVERNMENT? IF YES, HOW MUCH? _____

5. IS THE EVENT A FUNDRAISER, WILL THERE BE FUNDRAISING OPPORTUNITIES AT THE EVENT OR ANY OTHER FORM OF DONATIONS TAKING PLACE AT THIS VENUE? IF YES, PLEASE SPECIFY.

6. PROVIDE THE DRESS REQUIREMENT (E.G. CASUAL, BUSINESS CASUAL, BUSINESS, DUTY OR SERVICE DRESS UNIFORMS) OF THE ATTENDEES.

7. IS TRANSPORTATION TO THE EVENT FROM THE POINT OF ORIGIN REQUIRED? PLEASE BE ADVISED THAT THIS COMMAND MAY OR MAY NOT BE ABLE TO PROVIDE TRANSPORTATION.

- ◆ IF YES, INDICATE THE DATE AND TIME OF PICKUP AT THE POINT OF ORIGIN: _____
- ◆ IF YES, IS IT EQUIPPED WITH WHEELCHAIR LIFTER CAPABILITIES AND DOES IT COMPLY WITH ADA LAWS? PLEASE SPECIFY: _____

8. IS TRANSPORTATION FROM THE EVENT BACK TO THE POINT OF ORIGIN REQUIRED?

- ◆ IF YES, INDICATE THE DATE AND TIME OF PICKUP FROM THE EVENT: _____
- ◆ IF YES, IS IT EQUIPPED WITH WHEELCHAIR LIFTER CAPABILITIES AND DOES IT COMPLY WITH ADA LAWS? PLEASE SPECIFY:

9. IS MEDIA COVERAGE PLANNED OR ANTICIPATED? IF YES, SPECIFY ON THE FOLLOWING DETAILS: WHAT ORGANIZATIONS WILL OR POSSIBLY WILL BE PRESENT, HOW MANY DIFFERENT ORGANIZATIONS ARE EXPECTED IN ATTENDANCE, WHAT FORM OF MEDIA WILL OR POSSIBLY WILL BE PRESENT (I.E. NEWSPAPER, MAGAZINE, TELEVISION, ETC).

10. PLEASE STATE IF ALCOHOLIC BEVERAGES WILL BE SERVED OR AVAILABLE TO THE SERVICE MEMBERS.

11. SPECIFY IF ANY GIFTS (I.E. T-SHIRTS, TICKETS, MEALS, ETC.) WILL BE GIVEN TO THE PARTICIPANTS. IF YES, CLARIFY TYPE(S) OF GIFT(S) AND VALUE(S) OF GIFT(S), ETC. ALL ITEMS MUST BE INDIVIDUALLY ITEMIZED.

12. INDICATE ALL MONETARY EXPENSES IN ASSOCIATION WITH THIS EVENT, TO INCLUDE, BUT NOT LIMITED TO, GROUND TRANSPORTATION COST, FLIGHT, LODGING, MEALS, ENTRY FEES, RENTAL FEES, LICENSES, ETC. ALL ITEMS MUST BE INDIVIDUALLY ITEMIZED.

- ◆ FOOD: _____
- ◆ TRANSPORTATION: _____
- ◆ LODGING: _____
- ◆ TRAINING FEE: _____
- ◆ ETC: _____

13. SPECIFY FOR WHOM AND HOW MANY THE EVENT WILL BE PROVIDED: WOUNDED MARINES AND SAILORS, FAMILY MEMBERS OF WOUNDED/ILL/INJURED SERVICE MEMBERS, MEDICAL HOLD MARINES AND/OR THEIR FAMILIES, USMC STAFF (MILITARY AND FEDERAL EMPLOYEES) AND/OR THEIR FAMILIES. ADDITIONALLY, IS THIS EVENT FOR COMBAT WOUNDED ONLY OR CAN BOTH COMBAT AND NON-COMBAT WOUNDED SERVICE MEMBERS ATTEND?

14. INDICATE IF STAFF ESCORTS (YOURS OR USMC) WILL BE NEEDED. IF YES, PROVIDE REASON FOR THE REQUEST AND HOW MANY ESCORTS ARE REQUIRED.

15. WILL THERE BE ANY CIVILIAN OR MILITARY VIP INVITED AND/OR IN ATTENDANCE? IF YES, SPECIFY WHO.

16. ARE MARINES AND SAILORS REQUIRED TO SIGN ANY TYPE OF DOCUMENTATION, TO INCLUDE, BUT NOT LIMITED TO, HOLD HARMLESS RELEASE, MEDICAL WAIVER, ETC.? IF YES, ATTACH A COPY OF EACH DOCUMENT NEEDED.

17. WILL THIS EVENT INVOLVE ANY FIREARMS, SHOOTING, AND/OR EXPLOSIVES? IF YES, INDICATE YOUR SAFETY PROCEDURES TO INCLUDE HANDLING, PARTICIPANT APPROVAL, AND MEDICAL SUPPORT.

18. IS THERE ANY ADDITIONAL INFORMATION THAT THIS COMMAND SHOULD KNOW ABOUT THIS EVENT, WHICH HAS NOT BEEN COVERED?

FOR INTERNAL USE ONLY:

DETACHMENT:

DATE:

SUBMITTED BY:

EVENT REQUEST RECEIVED ON:

EVENT REQUEST RECEIVED BY:

GIFT ACCEPTANCE BASED ON: