

MCCONNELL AFB HONOR GUARD DETAIL REQUEST



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For MAFB HG Office Use Only:

S: _____

D: _____

A: _____

NOTE: Completion of this form is not an official request for military details. You must have a verbal confirmation from the McConnell AFB Honor Guard Office.

Requester's Information

Rank First Name Last Name

E-Mail Address Office Phone Cell Phone

Event Information

Name of Event

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Military Function | <input type="checkbox"/> On Base | <input type="checkbox"/> Inside |
| <input type="checkbox"/> Personal Function | <input type="checkbox"/> Off Base | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ |

Location Address

Date & Time of Event

Services Requested:

- Retirement
 - Colors
 - Flag Fold
- Colors
- Sabers
- Other: _____

Special Instructions or Notes

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