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LOYOLA UNIVERSITY CHICAGO

Department of Military Science 1144 W. Loyola Ave., Chicago, IL 60626





Army ROTC Color Guard Request Form

Requestor Name:	Address:	•
Point of Contact (POC):		POC Phone Number:
POC E-mail Address:		Contact Phone Number at the Location:
Location of Mission (complete address):		Number of personnel needed: (A four personnel detail usually performs a color
Uniform Soldiers need to wear (check one) Dress Uniform (more formal) ○ OR Fatigues (camouflage)		guard ceremony.)
Start Date/Time of Mission End Date/T	ime of Mission	
Is the event open to the public? Yes	No (Please check a	box)
Is there an admission fee for your event?	Yes No (Pleas	e check a box)
Is this event a fundraiser? Yes No	(Please check a box)	
Is this a patriotic event? Yes No (F	Please check a box)	
	he equipment at your lo	ag, a State Flag, or two flag stands, we are able to cation if you have them. Please list the number for each
U.S. Flag	Illinois Flag	Loyola Flag
Flag Stands	Sabers (Y/N)	Rifles (Y/N)
Description of event: (Please write a brief description of what you wan	t our color guard team	to do)
By signing this, you acknowledge that thi	s event is not politic	al in nature.
SIGNED	_ DATE	

Donations are not expected but are greatly appreciated.

Please forward all requests to: CPT Kyle J. Arvan

E-mail: karvan@luc.edu