



Color Guard Detail Request Worksheet
Email at least 30 days prior to
97AMW.HONORGUARD@us.af.mil



Date of Request:

Date/Time of Event:

Ceremony For:

Location Name:

Requester Name:

Phone Number:

Event Address:

Service Provided (Check):

Parade

Present Colors

Flag Fold

Taps

Firing Party

POW/MIA

Event Details (required)

Honor Guard Team Use Only

Departure Time:

Event Start time:

Start Miles:

Event Completed:

Time Returned:

End Miles:

Public Affairs Approved

Yes

No

Position

_____ Lead Rifle

_____ American Flag

Approving Official

_____ AF Flag

_____ State Flag

Honor Guard Approved

Yes

No

_____ Trail Rifle

_____ Other

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