



# LITTLE ROCK AFB HONOR GUARD REQUEST FORM



FAX THIS REQUEST TO (501) 987-6310

PLEASE CALL AFTER FAXING TO ENSURE WE RECEIVED THE REQUEST

NOTE THAT MILITARY FUNERALS TAKE PRIORITY OVER ALL OTHER FUNCTIONS. IT MAY BE NECESSARY TO CANCEL FUNCTIONS IN THE EVENT THAT WE ARE OVER TASKED WITH FUNERALS. IF WE ARE REQUIRED TO CANCEL, YOU WILL BE NOTIFIED.

Honor Guard:  
Office-(501) 987-6317  
Cell-(501) 454-8141

Name of requester: \_\_\_\_\_ Today's date/time: \_\_\_\_\_

Requesters unit: \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail (if available): \_\_\_\_\_ Fax number: \_\_\_\_\_

Type of function: \_\_\_\_\_ (Mark all below that apply)

\_\_\_\_\_ Color Guard

\_\_\_\_\_ Present colors (Color Guard team will carry colors in, present colors, and retire the colors)

\_\_\_\_\_ Post colors (Color Guard team will carry colors in, present colors, post the colors on stage, and retrieve colors at the conclusion of the ceremony)

\_\_\_\_\_ Flag fold (We can only perform with the AFHG approved script, and we DO NOT provide the flag)

\_\_\_\_\_ Sabre team (Must be within a 90 minute drive of LRAFB)

\_\_\_\_\_ POW/MIA table

\_\_\_\_\_ Other (please provide a description) \_\_\_\_\_

## DETAIL LOCATION INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date/time of function: \_\_\_\_\_ Signature of Requester: \_\_\_\_\_

**WE DO NOT PROVIDE THE FLAG FOR THE FLAG FOLD CEREMONY**