



# LOYOLA UNIVERSITY CHICAGO

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



## Army ROTC Color Guard Request Form

<b>Requestor Name:</b>		<b>Address:</b>	
<b>Point of Contact (POC):</b>		<b>POC Phone Number:</b>	
<b>POC E-mail Address:</b>		<b>Contact Phone Number at the Location:</b>	
<b>Location of Mission (complete address):</b>		<b>Number of personnel needed:</b> <i>(A four personnel detail usually performs a color guard ceremony.)</i> _____	
<b>Uniform Soldiers need to wear (check one)</b> <b>Dress Uniform (more formal)</b> <input type="checkbox"/> <b>OR Fatigues (camouflage)</b> <input type="checkbox"/>			
<b>Start Date/Time of Mission</b>	<b>End Date/Time of Mission</b>		

Is the event open to the public?  Yes  No (Please check a box)

Is there an admission fee for your event?  Yes  No (Please check a box)

Is this event a fundraiser?  Yes  No (Please check a box)

Is this a patriotic event?  Yes  No (Please check a box)

### Equipment needed:

*(What equipment would you like to request? If you do not have a U.S. Flag, a State Flag, or two flag stands, we are able to provide them for you. It is preferred that we use the equipment at your location if you have them. Please list the number for each item that you require. Are rifles or sabers preferred?)*

\_\_\_\_\_ 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 want our color guard team to do)*

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**By signing this, you acknowledge that this event is not political in nature.**

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**Donations are not expected but are greatly appreciated.**

Please forward all requests to: **MAJ Ross Wallace**  
**E-mail: [rwallace5@luc.edu](mailto:rwallace5@luc.edu)**  
**Office: (773) 508-2838**  
**Fax: (773) 508-3419**

**NOTE: REQUESTS MUST BE RECEIVED AT LEAST 21 DAYS PRIOR TO EVENT**