

115th Fighter Wing Speaking/Community Engagement Form

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Speaker/Presenter (First	Name Last Name):	
Title of Event:		
Date of Event:	Time of Event:	
Site of Event: (i.e Park, Auc	ditorium)	
Address of Event:		
Program: (Describe progran	n theme and objective, audience size, and purpose of military participation)	
Name of Organization Re	equesting Military Participation and POC:	
	Yes	No
Is the sponsoring organization a civic organization?		
Does the event have th	ne official backing of the local government?	
Does the requesting or	ganization exclude any person from its membership or practice any functions based on race, creed, color, sex or national origin?	form
Send form in at least 7 da 115fw.publicaffairs@ang	ays in advance of requested speaking engagement date to: g.af.mil	
INTERNAL USE ONLY:		
Public Affairs:		
Legal Review:		
Wing Commander Approv	val:	