

**APPLICATION TO HOST AN EVENT FOR WALTER REED SOLDIERS 10/05**



**EVENTS BUREAU USE ONLY:**

DATE RECEIVED APPLICATION: \_\_\_\_\_

APPROVED / DISAPPROVED

DATE LETTER SENT: \_\_\_\_\_

TRANSPORTATION REQUESTED: \_\_\_\_\_

APPROVED Y / N APPROVAL #: \_\_\_\_\_

**Please answer the following questions to obtain legal and Command approval for your proposed event.**

Date of Request: \_\_\_\_\_

1. Please provide name of your organization, a point of contact (telephone number, e-mail and complete name) and give a brief description of the event below:

2. Location:

3. Date:

4. Time (From -To):

5. What type of Event? I.E., (Banquet, Luncheon, Conference, Sports Event, etc)

6. Dress requirement (Duty and Service/Dress uniforms will be required for military related functions ONLY)

7. Transportation to the event from Walter Reed provided, Yes or No. **If yes indicated time of pick up at Walter Reed** departure location is the Mologne House. (Be aware Walter Reed may or may not provide transportation).

8. If transportation is provided, is it equipped with wheel chair lifter capabilities? Please specify.

9. Is media coverage anticipated? (If yes, you MUST get clearance through the Walter Reed Army Medical Center Public Affairs Office @ 202-782-7131).

10. Please state if alcohol beverage will be served to the soldiers.

**Point of Contact for this Application is  
Crystal Johnson @ 202-356-1012 x40369  
[Crystal.S.Johnson@us.army.mil](mailto:Crystal.S.Johnson@us.army.mil)**

**OR**

**Sandra Halmon @ 202-356-1012 x40269  
[Sandra.Halmon@na.amedd.army.mil](mailto:Sandra.Halmon@na.amedd.army.mil)**

**APPLICATION TO HOST AN EVENT FOR WALTER REED SOLDIERS 10/05**

11. Is any type of fundraiser function conducted at the events? Please specify.
  
12. Please specify if any gifts will be given to the participants (If answers yes, clarify type of gift, value of gift, etc).
  
13. Please specify if any of the events sponsor is/are a contractor/s with the US government and what relationship they have with the US government and/or Walter Reed Army Medical Center (if yes please clarify).
  
14. Please specify for **WHOM** and **HOW MANY** the event will be provided for: OIF/OEF wounded soldiers, family members of OIF/OEF soldiers, Medical Hold soldiers and/or their families, Walter Reed Military Staff, and/or their families, Walter Reed Civilian Staff, and/or their families, Walter Reed Contractors, and/or their families.
  
15. Please indicate if staff escort will be required (Is answer yes, please provide reason for request).

In attendance will be:

**Point of Contact for this Application is**  
**Crystal Johnson @ 202-356-1012 x40369**  
**[Crystal.S.Johnson@us.army.mil](mailto:Crystal.S.Johnson@us.army.mil)**  
**OR**  
**Sandra Halmon @ 202-356-1012 x40269**  
**Sandra.Halmon@na.amedd.army.mil**