



Flag Raising Application

DATE OF REQUEST: _____

APPLICANT NAME (*organization*): _____

CONTACT NAME (*If different*): _____

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE of FLAG RAISING: _____ TIME: _____

ABOUT YOUR EVENT

Set Up Starting Time:

Clean Up End Time:

Will you require a podium set -up?

Yes No

Will you require a sound system?

Yes No

Is there a reception that follows?

Yes No

Country represented: _____

Expected Participants: _____ Spectators _____