

Request for Musical Support (EXTERNAL)

Instructions:

1. Please complete this form to request musical support from the Naden Band of the Royal Canadian Navy. The requested information will help us determine if we can support your event, and if so, which musical ensemble will be most appropriate. Please complete all sections to the best of your knowledge.
2. Once completed, submit to the Naden Band of the Royal Canadian Navy at nadenband@forces.gc.ca
3. For more information on the Naden Band of the Royal Canadian Navy, please visit our [website](#).

Section 1. Event Data

1. Title of the Event:		
2. Date(s) of Event (yyyy-mm-dd):	3. Time of Event (hh:mm)	
	From:	To:
4. Site of Event (ex. Auditorium, Park Bandshell etc.):		
5. Address of Event (street, city, province, postal code):		
6. a. Approximate Expected Attendance:	b. Media Coverage (check all that apply): <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	c. VIP Attendance: <input type="checkbox"/> Yes – Who? <input type="checkbox"/> No
7. Event/Program Description – Please provide a description of the event and its objective including audience/civic makeup (ex. School Visit, Community Festival, Street Parade, Commemoration, Holiday Celebration etc.)		
8. Has the CAF provided musical support for this event in the past? <input type="checkbox"/> Yes If so, when and which band: <input type="checkbox"/> No		
9. Is this event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify if there will there be any charge? (i.e. Admission, Parking etc.)	
10. Is this event being used to raise funds for any purpose or charity? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please identify the purpose or charity and specify how funds will be distributed.	
11. Will admission, seating and all other accommodations and facilities connected with this event be available to all persons without regard to race, creed, religion, colour, sex or national origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2. Sponsoring Organization Data

12. Name of Sponsoring Organization (and website if applicable):		
Is the sponsoring organization a civic organization? (i.e. non-governmental organization primarily focused on improving broad based communities at large) <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Sponsor or Representatives Contact Information:		
a. Rank or Title:	b. First Name:	c. Last Name:
d. Primary Telephone:	e. Alternate Telephone:	f. Email:

Section 3. Certification

14. I am acting on behalf of the sponsoring organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact me to discuss arrangements involved prior to final commitments, or to inform me of their inability to support this event. I also understand that operational commitments must take priority and can preclude support to the event.

Remarks/Comments/Substantiating Information:

Title:

First Name:

Last Name:

Date (yyyy-mm-dd):

Signature of Sponsor or Representative: