

**REQUEST FOR MILITARY AERIAL SUPPORT**  
**ALL EVENT REQUESTERS MUST READ THE INSTRUCTIONS ON PAGE 4**  
**BEFORE COMPLETING THIS FORM.**

REQUESTER'S NAME  
 LEAVE  
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OMB No. 0704-0290  
 OMB approval expires  
 20260131

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.**

**ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.**

**SECTION I - ACTIVITY**

1. CATEGORY REQUESTED (X and complete as applicable)	1) DATE(S) REQUESTED (Start to End) (YYYYMMDD)	(2) TYPE AIRCRAFT REQUESTED	(3) MILITARY SERVICE REQUESTED
		ANY (X) SPECIFIC (Optional)	ALL (X) SPECIFIC (Optional)
<input type="checkbox"/> a. FLYOVER (See paragraph 5 of Instructions)			
<input checked="" type="checkbox"/> b. STATIC DISPLAY (See paragraph 6 of Instructions)	20250704	<input type="checkbox"/> UH-60 Black Hawk Helicopter	<input type="checkbox"/> Wisconsin Army National Guard
<input type="checkbox"/> c. SINGLE AIRCRAFT DEMONSTRATION (See paragraph 8 of Instructions)			
Is this request for an air show?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> d. OTHER AERIAL SUPPORT (i.e. Parachute Demo, SAR Demo)			
e. AERIAL DEMONSTRATION TEAM (X as requested. See Instructions.)		(a) PRIMARY DATE (YYYYMMDD)	(b) ALTERNATE DATE (YYYYMMDD)
<input type="checkbox"/> U.S. ARMY GOLDEN KNIGHTS			
<input type="checkbox"/> U.S. NAVY BLUE ANGELS			
<input type="checkbox"/> U.S. NAVY LEAP FROGS			
<input type="checkbox"/> U.S. AIR FORCE THUNDERBIRDS			
<input type="checkbox"/> U.S. AIR FORCE WINGS OF BLUE			
<input type="checkbox"/> OTHER (Specify)			
		(c) I WILL CONSIDER ANY DATE DURING AIR SHOW SEASON (X one)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LEAVE BLANK

**2. INCLUSIVE DATES/TIME OF EVENT (YYYYMMDD/0:00 a.m. or p.m.)**

START DATE 20250704	END DATE 20250704	REHEARSAL DATE (required for air shows/open houses) N/A	TIME 11am – 2pm	<input checked="" type="checkbox"/> CHECK IF 1-DAY EVENT
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**SECTION II - EVENT AND SITE INFORMATION**

3.a. EVENT TITLE (to include if air show) WaunaBoom – City of Waunakee's 4th of July Celebration		b. SITE OF EVENT (Must be accessible by persons with disabilities) 100 S. Main Street	
c. SITE CITY, STATE AND ZIP CODE Waunakee, WI 53597	d. SITE ELEVATION (Feet above sea level) N/A	e. RUNWAY LENGTH X WIDTH N/A	f. ARRESTING GEAR WITHIN REQUIRED DISTANCE (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
g. TYPE OF SITE (e.g., airport, park, lake, etc.) City Park		h. EXPLAIN RECRUITING SUPPORT (Including local Armed Forces point of contact if applicable.) Recruiters will be offered centrally located booth space that allows for visibility and access to event attendees. We agree to provide this space at no cost to the government.	
i. We agree to provide local military recruiters, at no charge, prime space at the event for recruiting purposes. SIGNATURE: <i>Jill Smith</i>			

**j. WEBSITE AND SOCIAL MEDIA HANDLES FOR EVENT: (Contact aircraft/parachute team for specific unit or Service level social media platform handles and hashtags.)**

WEBSITE	<a href="https://www.waunaboom.com/">https://www.waunaboom.com/</a>
FACEBOOK	<a href="https://www.facebook.com/waunaboom">https://www.facebook.com/waunaboom</a>
INSTAGRAM	
TWITTER	
OTHER	

**k. IS THERE CIVILIAN AERIAL PARTICIPATION PLANNED FOR THE EVENT? (X one) ☐ YES ☒ NO**

**4. EVENT SITE CERTIFICATION (To be completed by an agent exercising authority for site use) I certify that an agreement has been made with the requesting organization indicated in Section III to use the event site indicated in 2.b. above.**

a. NAME (Last, First, Middle Initial) (Include Mr./Ms./Mil. Rank) Jill Smith	b. TITLE Mayor, City of Waunakee	c. TELEPHONE NO. (Include area code) 608-555-0000
d. SIGNATURE <i>Jill Smith</i>	e. DATE SIGNED (YYYYMMDD) 20250203	

5. ATTENDANCE		6. PLANNED MEDIA COVERAGE (X as applicable)		YOUR MEDIA/PR POC (Name/telephone/email):	
a. PROJECTED 2,000	b. PRIOR EVENT 2,000	<input type="checkbox"/> TELEVISION	<input type="checkbox"/> RADIO	<input checked="" type="checkbox"/> SOCIAL MEDIA	NAME John Doe
		<input type="checkbox"/> REGIONAL	<input checked="" type="checkbox"/> PRINT		TELEPHONE 608-555-5555
		<input type="checkbox"/> NATIONAL	<input type="checkbox"/> NONE		EMAIL johndoe@gmail.com

SECTION III - REQUESTER INFORMATION								
<b>7. LOCAL REQUESTING ORGANIZATION</b> (not contracted event promoter, airboss, or others not directly employed by event requesting organization)				<b>b. TYPE</b> (X one)				
<b>a. NAME</b> (Include website) City of Waunakee				<input checked="" type="checkbox"/> <b>PROFIT</b> <input type="checkbox"/> <b>NONPROFIT</b>				
<b>8. POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT</b> (Please PRINT all contact information.)								
<b>a. (X one)</b> <input type="checkbox"/> MR. <input checked="" type="checkbox"/> MS.		<b>b. NAME</b> (Last, First, Middle Initial) Smith, Jill, A		<b>c. RANK</b> (If military) Civilian				
<b>d. PHONE NUMBERS</b> (Include area code)			<b>e. E-MAIL ADDRESS</b>					
<b>(1) TELEPHONE NO.</b> 608-555-0000	<b>(2) CELL PHONE NO.</b> 608-555-1111	<b>(3) DSN</b>	jill.smith@gmail.com					
<b>9. IS EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT</b> (X one)				<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<b>10. WILL YOU PROVIDE A POST-EVENT REPORT ON REQUEST?</b> (X one)				<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input checked="" type="checkbox"/>	<input type="checkbox"/>							
<b>11. DOES REQUESTING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> (X one)				<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input checked="" type="checkbox"/>	<input type="checkbox"/>							
<b>12. WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> (X one)				<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input checked="" type="checkbox"/>	<input type="checkbox"/>							
<b>13. WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC?</b> (X one)				<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input checked="" type="checkbox"/>	<input type="checkbox"/>							
<b>SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION</b> (This Section is not required for static displays. Requester may submit a completed FAA Form 7711 (safety form) along with this form in lieu of obtaining a FSDO signature in this section. However, the FSDO contact name and number MUST be included here.) <b>FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE REQUESTER MUST HAVE THIS SECTION COMPLETED BY THE FLIGHT STANDARDS DISTRICT OFFICE RESPONSIBLE FOR CONTROLLING THE AERIAL ACTIVITIES AT THE EVENT SITE.</b> For events where the airspace falls under the purview of the United States Department of Transportation, Federal Aviation Administration (FAA) coordination is required for all U.S. military aviation activities described in Section I EXCEPT AIRCRAFT STATIC DISPLAYS. THE REQUESTER WILL FORWARD THIS DOCUMENT, WITH SECTIONS I THROUGH III AND SECTIONS V THROUGH VII COMPLETED, TO THE FLIGHT STANDARDS DISTRICT OFFICE (FSDO) HAVING JURISDICTION OVER THE SITE. After completion of Section IV by the FSDO, form will be returned to the requester for submission to DoD. Requesters will allow a minimum of 45 days for FAA review and completion.								
<b>14. FLIGHT STANDARDS DISTRICT OFFICE REVIEW</b> I have reviewed the requested activity in Section I and determined that: (X and complete as applicable)								
<input type="checkbox"/> <b>a. FAA/OTHER GOVERNMENTAL WAIVER IS NOT REQUIRED.</b>								
<input type="checkbox"/> <b>b. WAIVER IS REQUIRED FOR THE FOLLOWING AERIAL ACTIVITIES LISTED IN SECTION I: (Specify)</b>								
<input type="checkbox"/> <b>c. COORDINATION HAS BEEN ACCOMPLISHED WITH CONTROLLING AIR TRAFFIC CONTROL FACILITY.</b>								
<input type="checkbox"/> <b>d. AIR TRAFFIC COORDINATION IS NOT REQUIRED.</b>								
<input type="checkbox"/> <b>e. DEMONSTRATION SITE FEASIBILITY STUDY IS REQUIRED AND THE PLAN WAS SUBMITTED BY THE REQUESTER. (Must meet show line, crowd line, airspace parameters and show congested areas, dwellings, thoroughfares, and obstructions within 3 NM of show center.)</b>								
<input type="checkbox"/> <b>f. DEMONSTRATION SITE FEASIBILITY STUDY IS NOT REQUIRED.</b>								
<input type="checkbox"/> <b>g. NO MAJOR NOISE CONCERNS IN THE REQUESTED AIRSPACE.</b>								
<b>15. FEASIBILITY DETERMINATION</b> Based upon my review of this site, I find the site to be: (X one)								
<input type="checkbox"/> <b>SATISFACTORY</b> <input type="checkbox"/> <b>CONDITIONAL SATISFACTORY</b> (See NOTE) <input type="checkbox"/> <b>UNSATISFACTORY</b> (See NOTE)								
<b>NOTE:</b> If the show site is marked "Conditional Satisfactory," explain the conditions which must be met by the show requester to provide a "Satisfactory" site in the Additional Comments section. If the show site is marked "Unsatisfactory," the request for the applicable activity cannot be accepted by the Department of Defense.								
<b>16. ADDITIONAL COMMENTS</b> (Mandatory if FARs are waived) (Explain the desired effects of U.S. military participation in this event and how it will be amplified via social media)								
<b>17. COORDINATING OFFICIAL</b>								
<b>a. NAME</b> (Last, First, Middle Initial)		<b>b. FLIGHT STANDARDS DISTRICT OFFICE</b>		<b>c. TELEPHONE NO.</b> (Include area code)				
<b>d. TITLE AND SIGNATURE</b>				<b>e. DATE SIGNED</b> (YYYYMMDD)				

## SECTION V - PROGRAM

### 18. PROGRAM THEME AND OBJECTIVE *(Please explain how aviation support is an integral part of the event.)*

This free event offers a range of entertainment, including live music, food carts, free family activities, and an impressive fireworks display choreographed to music. A UH-60 Black Hawk helicopter would amplify patriotic sentiment and increase community military support.

### 19. CHARGES AND FEES *(Specify the monetary amounts charged below.)*

<b>a. ADMISSION</b> 0	<b>b. PARKING</b> 0	<b>c. SEATING</b> 0	<b>d. OTHER <i>(Specify)</i></b> N/A
<b>e. DOES EVENT RAISE FUNDS? <i>(X one)</i></b> <input checked="" type="checkbox"/> YES <i>(Complete 20.f. and 20.g.)</i> <input type="checkbox"/> NO	<b>f. FUNDS WILL BE USED FOR <i>(X as applicable)</i></b> <input type="checkbox"/> (1) CHARITIES <input type="checkbox"/> (2) EXPENSES <input type="checkbox"/> (3) PRIZES <input type="checkbox"/> (4) OTHER <i>(Explain in 20.g.)</i>		<b>g. SPECIFIC INSTRUCTIONS FOR USE OF FUNDS <i>(e.g., Company, Charity or Organization to benefit)</i></b> N/A

### 20. HISTORICAL INFORMATION

<b>a. LIST ALL YEARS THE EVENT HAS BEEN HELD</b> 10	<b>b. MOST RECENT DoD DEMONSTRATION TEAM <i>(If any) AND YEAR OF PERFORMANCE <i>(e.g., Blue Angels, Thunderbirds, Golden Knights; year)</i></i></b> N/A	<b>c. LIST CIVILIAN AND MILITARY AIRCRAFT AT THE LAST EVENT</b> UH-60 Black Hawk Helicopter Static Display
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## SECTION VI - SUPPORT

*(For all requests other than flyovers, which could include air shows, open houses, some static displays, and non-air show flyovers if the unit is not local.)*

21. THE REQUESTER AGREES TO: <i>(Initial each applicable item signifying acceptance. Lack of initials renders the event ineligible for all support other than flyovers.)</i>	APPLICABLE? <i>(If yes, enter initials.)</i>	INITIALS
<b>a. OBTAIN THE AIR SHOW WAIVER FROM THE FAA MONITOR PRIOR TO THE EVENT FOR EACH ACTIVITY REQUIRING A WAIVER <i>(plan a 60-day lead time)</i>. FAILURE TO OBTAIN A WAIVER WILL RESULT IN DEMONSTRATION CANCELLATION AT THE EXPENSE OF THE REQUESTER <i>(air shows and open houses only)</i>.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>b. PAY COSTS AS OUTLINED ON PAGE 5, PARAGRAPHS 7, 8, AND 9 OF INSTRUCTIONS, AS APPLICABLE.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>c. PROVIDE OR REIMBURSE TRANSPORTATION, MEALS, AND LODGING COSTS <i>(including pre-event visits)</i> FOR ARMED FORCES PARTICIPANTS, AS REQUIRED. <i>(Reimbursement for demonstration teams covered in paragraphs 7, 8, and 9 of Instructions.)</i></b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LEAVE BLANK
<b>d. PROVIDE SUITABLE AIRCRAFT FUEL AT MILITARY CONTRACT PRICES <i>(air shows and open houses only)</i>. <i>(Requester must pay all costs over military contract prices, including any transportation and handling charges, if fuel is not available at such prices.)</i></b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>e. PROVIDE SECURITY FOR AIRCRAFT AT EVENT SITE DURING ENTIRE STAY. <i>(Certain assets <i>(such as the F-35)</i> will require extensive security.)</i></b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	JAS
<b>f. PROVIDE MOBILE FIREFIGHTING, CRASH, GROUND-TO-AIR COMMUNICATIONS, MOBILE ARRESTING GEAR, GROUND SUPPORT EQUIPMENT AS APPLICABLE PER SERVICE SPECIFIC SUPPORT MANUALS, AT THE SHOW SITE FOR FLIGHT AND PARACHUTE DEMONSTRATIONS AND STATIC DISPLAY AIRCRAFT <i>(air shows and open houses only)</i>.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>g. PROVIDE AMBULANCE AND MEDICAL PERSONNEL ON SITE DURING FLIGHT AND PARACHUTE DEMONSTRATIONS AND CERTAIN OTHER TYPES OF AERIAL ACTIVITIES AS DETERMINED, IN ADVANCE, BY THE MILITARY SERVICES.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LEAVE BLANK
<b>h. PROVIDE TELEPHONE FACILITIES FOR NECESSARY OFFICIAL COMMUNICATIONS AT THE EVENT SITE.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>i. PROVIDE AERIAL PHOTOGRAPH AND AIRFIELD DIAGRAM UPON REQUEST.</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	JAS
<b>j. WILL RUN EMERGENCY RESPONSE DRILL ON REHEARSAL DAY <i>(air shows and open houses only)</i>.</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LEAVE BLANK

## SECTION VII - CERTIFICATION BY REQUESTER *(Signature will expire the day after the date of event.)*

**22. PRESIDENT/CHAIRMAN OF REQUESTING ORGANIZATION/BASE OR WING COMMANDER *(If civilian sponsored or military requested, respectively; this will not be a contracted event promoter or others not directly employed by the event sponsoring organization.)***

I 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 us to discuss arrangements and additional costs involved prior to final commitments. Any changes to the information on this form may invalidate eligibility for military participation.

<b>a. SIGNATURE</b> 	<b>b. DATE SIGNED <i>(YYYYMMDD)</i></b> 20250203	<b>c. PRINT NAME AND TITLE</b> Jill Smith, City of Waunakee Mayor
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