

SPECIAL EVENT REQUEST

Requestor Information

| ate of Request | Compan | iy Name | Requestor Name | e | Email Address | Phone | | | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|-------------|---------------------|---------|----------------------------------|-----------------------|--|--|--|--|
| Event Information | | | | | | | | | | |
| Event Name: | | | | | | | | | | |
| Date of Event: | | | Ti | | Time of Event: | | | | | |
| Type of Event: | | | | | | | | | | |
| Anticipated Attendance: | | Adults | Children | | Static Aircraft Display | □ Live Flights | | | | |
| *POC day of even | t: | Name: | | Cell #: | Email: | | | | | |
| Vehicle Parking lo | cation: | | | | | | | | | |
| Catering type offe | ered: | | | | | | | | | |
| Access to AOA/ha open? If yes, desc security measures during event (i.e.: required, stanchion | ribe s in place escorts | | | | | | | | | |
| Additional Inform description of eve | | | | | | | | | | |
| Submit request: | | Email to: E | Badgingoffice@flyom | | | | | | | |
| *Point of Contact | | | | * | Save file to local drive/compute | er before submitting. | | | | |

| OAA Authorization | | | | | | | | | | | |
|--------------------------------------|----------------|--------|---------------------|-------------------|--|--|--|--|--|--|--|
| Hold harmless rece | eived: 🗆 Date: | _ □ NA | Insurance received: | 🗆 NA | | | | | | | |
| Reviewed completed by (enter name): | | | | | | | | | | | |
| □ ASC | | | □ ARFF | 🗆 APD | | | | | | | |
| Chief Commercial Officer Signature: | | | | | | | | | | | |
| Chief Operating Officer Signature: | | | | | | | | | | | |
| Comments or request for information: | | | | | | | | | | | |
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| Request Status: | Pending | 🗆 Cor | mplete | □ Tenant Notified | | | | | | | |