



USO Central Florida Program Support Request Form

Please Return Completed Form to:
Amy Phillips, aphillips@usocentralflorida.org
A minimum of 21 days prior to the event

Name of Requesting Party: _____ Date of Request: _____

Event Name: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Event Location: _____ Inside or Outside *(circle one)*

Description of Event: _____

Estimated # of Service Members: _____

Estimated # of Military Families: _____

Event Point of Contact: _____

Phone: _____ E-mail: _____

Support Requested from USO: _____

USO Set-up Time: _____ USO Start Time: _____ USO End Time: _____

Equipment Provided by Event for USO: *(e.g. table, chairs, stage)* _____

Parking Details: _____

Additional Instructions/Information: _____

Internal Use

USO Event Contact: _____ Mobile: _____

USO Volunteers Attending: _____

Date Request Received:
Volunteer Opportunity Request Sent:
Final Event Details Confirmed by Staff:

Final Event Details Relayed to Confirmed Volunteers:
After-Action Details Recorded:
Date Request Completed: