

Retirement for:

Retirement Date:

RETIREMENT WORKSHEET

Recognition upon retirement is a long-standing tradition of military service. The unit wishes to ensure members leave with a tangible expression of appreciation for their contribution to the Air Force, the Oregon Air National Guard, and our mission. We seek assurance that our members will continue to be an active part of the Air Force and our Air National Guard family throughout their retirement. To make this a pleasurable, momentous occasion, please indicate your desires for your retirement ceremony. Please note that you, the retiree, may bear some or all of the cost if not provided by donation.

RETIREMENT DESIRES

CEREMONY:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
TYPE CHECK ONE:			
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> MILITARY PARADE	
CEREMONY DATE/TIME:			
REHEARSAL DATE/TIME:			
LOCATION:			
ROLE SELECTION:			
RETIREMENT CEREMONY COORDINATOR:			
PRESIDING OFFICIAL:			
MASTER OF CEREMONIES:			
AIDES (SELECT TWO):			
GUEST OF HONOR/SPEAKER:			
OPTIONS CHECK ALL THAT APPLY			
<input type="checkbox"/> MILITARY BAND/MUSIC	<input type="checkbox"/> HONOR GUARD	<input type="checkbox"/> FLAG FOLDING CEREMONY	
<input type="checkbox"/> PHOTOGRAPHER	<input type="checkbox"/> VIDEOGRAPHER	<input type="checkbox"/> HQ (COG/FW/ORANG)	
<input type="checkbox"/> PROGRAMS ¹	<input type="checkbox"/> INVITATIONS ²	<input type="checkbox"/> CHAPLAIN	
<input type="checkbox"/> SLIDESHOW	CREATED BY:	<input type="checkbox"/> REFRESHMENTS ³	
DRESS CODE CHECK ONE IN EACH COLUMN			
OFFICIAL PARTY	UNIT/MILITARY MEMBERS	CIVILIAN GUESTS	
<input type="checkbox"/> SERVICE DRESS	<input type="checkbox"/> SERVICE DRESS	<input type="checkbox"/> FORMAL	
<input type="checkbox"/> UNIFORM OF THE DAY	<input type="checkbox"/> UNIFORM OF THE DAY	<input type="checkbox"/> SEMI-FORMAL	
<input type="checkbox"/> BDU'S	<input type="checkbox"/> BDU'S	<input type="checkbox"/> BUSINESS CASUAL	
<input type="checkbox"/> BUSINESS CASUAL	<input type="checkbox"/> BUSINESS CASUAL	<input type="checkbox"/> CASUAL	
APPROXIMATE NUMBER OF GUESTS:			

¹ RETIREE MUST provide an official Biography

² If unit is to mail invitations, RETIREE MUST provide email and/or mailing address for

³ AFI 34-201, Rule 16 applies

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GIFTS:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
REQUEST US FLAG BE FLOWN OVER: <i>CHECK ALL THAT APPLY</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> US CAPITOL	<input type="checkbox"/> STATE CAPITOL (<i>STATE</i>) _____		
<input type="checkbox"/> CITY HALL (<i>CITY</i>) _____	<input type="checkbox"/> OTHER (<i>SPECIFY</i>) _____		
REQUEST CONGRATULATORY LETTERS FROM: <i>CHECK ALL THAT APPLY</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> GOVERNOR (<i>STATE</i>) _____	<input type="checkbox"/> MAYOR (<i>CITY, STATE</i>) _____		
<input type="checkbox"/> OTHER (<i>SPECIFY</i>) _____			
RETIREE (UNIT SPONSORED): <i>CHECK ALL THAT APPLY</i> ¹		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> UNIT COIN	<input type="checkbox"/> UNIT T-SHIRT		
<input type="checkbox"/> UNIT MUG	<input type="checkbox"/> UNIT HAT		
SPOUSE (UNIT SPONSORED): <i>CHECK ONE</i> ²		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> FLOWERS _____	<input type="checkbox"/> OTHER (<i>SPECIFY</i>) _____		
PRIVATE ORGANIZATION/ASSOCIATION/SECTION SPONSORED: <i>CHECK ONE</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> COMBINED FLAG & SHADOW BOX (LARGE)	<input type="checkbox"/> COMBINED FLAG & SHADOW BOX (SMALL)		
<input type="checkbox"/> FLAG BOX ONLY	<input type="checkbox"/> SHADOW BOX ONLY		
<input type="checkbox"/> PLAQUE			
UNIT GENERATED CERTIFICATE OF APPRECIATION FOR FAMILY MEMBER(S)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
FULL NAME	RELATIONSHIP TO MEMBER		

HOMETOWN NEWSPAPER ARTICLE:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> OREGONIAN	<input type="checkbox"/> COLUMBIAN		
<input type="checkbox"/> SENTINEL	<input type="checkbox"/> AIRSCOOP		
<input type="checkbox"/> OTHER (<i>SPECIFY</i>):			

ADDITIONAL REQUESTS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

RETIREE CONTACT INFORMATION	
MAILING ADDRESS:	PHONE #:
	EMAIL:

¹ AFI 34-201, Use of Non-Appropriated Funds, Rule 15 limits gifts to \$20.00

² AFI 34-201, Use of Non-Appropriated Funds, Rule 17 limits gifts to \$20.00