



FAMILY AND MORALE, WELFARE AND RECREATION PROGRAMS MARKETING REQUEST

PROGRAM _____ EMAIL _____ DATE RECEIVED _____
MANAGER/POC _____ PHONE # _____ FINAL PRODUCT DATE _____

NAME OF EVENT _____
EVENT DATE(S) _____
RAIN DATE(S) _____
TIME _____
COST(S)/PRICE(S) _____
LOCATION _____

EVENT DESCRIPTION/OVERVIEW

(PROVIDE A BRIEF DESCRIPTION OF THE EVENT/PROGRAM. INCLUDE ADDITIONAL TEXT AS IT SHOULD APPEAR ON THE FINAL PRODUCT. ATTACH ADDITIONAL PAGES IF NEEDED.)

SPONSORSHIP REQUESTED?

☐ YES ☐ NO

WHERE TO REGISTER _____

REGISTRATION DEADLINE _____

EVENT CONTACT NAME _____

EVENT CONTACT PHONE/EMAIL _____

WHO IS THE EVENT OPEN TO?

- ☐ ACTIVE DUTY
☐ AGE 18+
☐ CHILDREN
☐ DOD ID CARDHOLDERS
☐ PUBLIC
☐ OTHER _____

INFORMATION FOR GRAPHICS

(USE THE AREAS BELOW TO INDICATE PRINTED MATERIALS BEING REQUESTED.)

PRINTED MATERIAL

(ENTER QUANTITY, THEN SELECT PAPER SIZE AND FINISH FOR EACH ITEM NEEDED.)

QUANTITY	PRODUCT	FINISH

This is a large event for over 300 attendees. I would like to discuss having maps at the event during consultation.

SPECIALTY ITEMS

(SOME OF THESE ITEMS MUST BE SENT TO AN OUTSIDE PRINTER, AND WILL REQUIRE MORE PRODUCTION TIME.)

- | | |
|--|----------------|
| <input type="checkbox"/> BOOKLET* | QUANTITY _____ |
| <input type="checkbox"/> BROCHURE* | QUANTITY _____ |
| <input type="checkbox"/> CERTIFICATES | QUANTITY _____ |
| <input type="checkbox"/> COUPONS PASSES | QUANTITY _____ |
| <input type="checkbox"/> BUSINESS CARDS | QUANTITY _____ |
| <input type="checkbox"/> TICKETS | QUANTITY _____ |
| <input type="checkbox"/> MWR BUCKS | QUANTITY _____ |
| <input type="checkbox"/> FAREWELL POSTER | QUANTITY _____ |

ADDITIONAL PRINT/SHIPPING INSTRUCTIONS*

(PLEASE INDICATE SIZE, BI-FOLD OR TRI-FOLD, AND/OR NUMBER OF PAGES HERE.)

Email to:

usarmy.schofield.id-pacific.mbx.dfmwr-marketing@mail.mil

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