

CEREMONIAL RIFLE/STATIC DISPLAY QUESTIONNAIRE

SECTION I - ORGANIZATION INFORMATION
Name:
Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Email Address:
SECTION II - ORGANIZATION REPRESENTATIVE INFORMATION <u>(If different than above)</u>
Name:
Title:
Mailing Address:
City:
State:
Zip Code:
Telephone Number:
Fax Number:
Email Address:
SECTION III - CEREMONIAL RIFLE INFORMATION
Number of Rifles Currently on hand:
Number of Active Members:
Number of Honor Guard Members:
SECTION IV - STATIC DISPLAY INFORMATION
Equipment Type:
Equipment Model:
Serial Number:
Display Site Location:
City:
State:
Zip Code:

Mail to: US Army TACOM LCMC, ATTN: AMSTA-LCL-IWD, M/S 419D, 6501 East 11 Mile Road, Warren, MI 48397-5000