

EVENT SUBMISSION FORM

Event Sponsoring Organization/Unit: [Click here to enter text.](#)

Event Name: [Click here to enter text.](#)

Event-Short Description:

Event Location:

Event Attendance (Approximate #): [Click here to enter text.](#)

Event POC (Name/Phone #/Email): [Click here to enter text.](#)

Is this a new submission or a date change? **New Submission** **Date Change**

If this is a date change, what date was the event/visit originally scheduled for: [Click here to enter a date.](#)

Start and End Date/Time of Event: [Click here to enter a date.](#) [Click here to enter text.](#)

Event Cost of Attendance: [Click here to enter text.](#)

Garrison Support Required:

DES Police / Fire **DPTMS** **DFMWR** **Safety**

DPW **DHR (ACS)** **PAO**

Other [Click here to enter text.](#)

Category of Event:

Senior Leader Forum **DFMWR Event** **Community Health Promotion**

DV Visit or Official Ceremony **Training Event & Special Observance**

Community Hosted Events

Please email this form to usarmy.redstone.imcom.mbx.cmdinfo@mail.mil

If you have any questions please call 256-313-1043 or 256-876-5983.

FOR DPTMS-PLO INTERNAL USE ONLY			
	DTPMS Date Received:		
	Safety Approved Risk Assessment: (Yes, No)		
	Vulnerability Assessment (if required): (Yes, No) Date VA Completed (if required):		
	Other Directorate Coordination Required or Completed:		
	Request Status:	Approved:	Disapproved:
	Remarks:		
	Date Returned to Unit:		