

HERO PACK REQUEST FORM

Person Requesting Hero Packs: _____

Phone Number: _____

E-mail Address: _____

Affiliation: _____

Date Hero Packs Needed? _____

Pick Up? ___ Yes ___ No If yes, date of pick up: _____

Need Delivered? ___ Yes ___ No If yes, date of delivery: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Presentation Topic: _____

Presenter(s): _____ **Location:** _____

(4-H Youth Must Present)

Audience Captured: _____ **Audience Number:** _____
(Youth: _____ Adult: _____)

of Hero Packs To Be Presented: _____ (total) **Ages:** 5 – 8 _____ 9 – 10 _____
11 – 12 _____ 13 – 15 _____
16 – 18 _____

Army: _____ Guard: _____ Reserves: _____ Air Force: _____

Other Military: _____ (describe: _____)

Event Description:

Do you plan to partner with other organizations? (If yes, briefly describe)

Will there be any publicity/recognition due to OMK involvement?
(If yes, briefly describe)

If there are supporting pictures, new articles, etc. please attach or send at the first of the month following the presentation for the OMK Monthly Report.

Additional comments.