

U.S. PACIFIC FLEET REMEMBRANCE BARGE REQUEST FORM

From: _____ Today's Date: _____

1. Hosting Official information:

Name : _____ Rank: _____

Title: _____ Command: _____

4. Name of Distinguished Visitor, Delegation or Working Group:

5. Country of Distinguished Visitor: _____

6. Desired tour date: _____ Start time : _____

7. Number in Party: _____

8. Action Officer Name: _____

9. Email address: _____

10. Phone Number/ Cell: _____

ON A SEPARATE DOCUMENT PLEASE PROVIDE A LIST OF GUESTS ATTENDING
WITH FULL NAMES, TITLES, BRANCH OF SERVICE AND COUNTRY IF APPLICABLE.
MAXIMUM CAPACITY FOR USE OF THE REMEMBRANCE BARGE IS 35 GUESTS.

11. How does this tour support the mission of the Pacific Fleet? (Official business purpose only)

12. Tour Details:

a. Museum requested? (15 to 20 minutes): ☐ Yes ☐ No

b. Movie requested? (runs 23 minutes): ☐ Yes ☐ No

c. Narrator: ☐ Yes ☐ No

COMPACFLTINST 4790.1C
18 Sep 2024

Please Note: Please provide an 80 percent completed guest list with request for approval process. Once approved, request POC will confirm all tour details one to three days prior to execution of the requested event.

All tours executed between the hours of 0800 and 1600 will require all active duty personnel to attend in their respective service branch uniform as listed in the COMPACFLTINST 4790.1C. Due to the USS ARIZONA National Parks and Service hours of operation, the time spent on the memorial will be limited to 15 to 30 minutes.

Please Sign: I, acknowledge, understand, and will comply with Commander, U.S. Pacific Fleet (COMPACFLT) Barge Tour regulations with respect to appropriate tour attire. I hereby understand that all COMPACFLT tour barges are not wheelchair accessible. No children will be attending that are under the age of eight years old.

Signature

Comments: