Suquamish Warriors

Request for Color Guard

Person Requesting Color Guard_____

Phone number of Requester_____

Email Adress of Requester_____

Date of Request_____ Date of Event_____

Name of the Event_____

Location of the Event_____

Adress (Street) _____ (City)_____

Please select Flags to be use at the Event (Circle Below)

Eagle Staff / US Flag / Suquamish Tribal Flag / POW-MIA / Canadian /

Washington State / Suquamish Warriors / US Army / US Marine Corps / US

Navy / US Air Force /US Space Force/ US Coast Guard

Date and Time for Posting of Colors_____

Date and Time for Retirement of Colors_____

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Approved by: Jim Henry Jr/President Suquamish Warriors