

Show Site: _____

DUE DATE CHECKLIST

In order to complete a successful Blue Angels air show the following checklist is provided to ensure the timely completion of all required items.

DUE DATES:

ITEMS TO BE COMPLETED:

Prior to preseason visit

- Artificial show line proposal (if required)

3 weeks prior to preseason visit

- Appendix B
(B) Preseason Visit Checklist
COMPLETED IN FULL

7 days after preseason visit

- Appendix C and T
(C) Fuel Checklist
(T) Support Manual Compliance Certificate

90 days prior to team's arrival

- Appendices D, E, F, G, H and I
(D) Personnel Support Checklist
(E) Maintenance Support Checklist
(F) Operations Checklist
(G) C-130 Fat Albert Support Checklist
(H) FAA Waiver Checklist
(I) FAA Waiver Application
- Review appendices with Assistant Events Coordinator. Highlight any items that are TBD and follow up when information is known
- Additional hotel amount (if any), funded by the show will be paid directly to the hotel accounting prior to the teams arrival.

60 days prior to team's arrival

- Appendices K, L, M, N, O and P
(K) Airfield Diagram Checklist / 3x5 airfield diagram
(L) Recruiting Support Checklist
(M) Key Influence / Media Rider Support Checklist
(N) Key Influence / Media Rider Medical Questionnaire and Bio
(O) Social Function Checklist
(P) Litho List

30 days prior to team's arrival

- Appendices Q, R and S
(Q) Thank You List
(R) #7's Advance Meeting Checklist
(S) Obstruction Chart
- Copy of approved FAA waiver e-mailed to Events Office.
- Demonstration fee (\$6,000.00 per air show day) mailed to Events Office.

1 week prior to team's arrival

- NOTAM/TFR issued and confirmed

1 day prior to team's arrival

- Meeting with #7 (Narrator) and #7's Crew Chief
- Maintenance gear staged prior to advanced arrival
- Showline in place for visual inspection by #7 upon arrival
- Transportation vehicles staged

Show Site: _____

PRESEASON VISIT CHECKLIST

1. General Information:

- a. Air Show Official Title: _____
- b. Air Show City: _____
- c. Air Show Official Show Dates: _____
- d. Airfield Complete Name and 3 Letter Identifier: _____
 - (1) If Remote show, demo site location: _____
 - (2) Arresting gear on-site: Yes/No Type: _____

If NO, nearest arresting gear (Nautical Miles): _____

- (3) Air Show Time zone: _____

f. Preseason Visit

Arrival Day: _____ Arrival time: _____
Meeting Day: _____ Meeting time: _____
Departure Day: _____ Departure Time: _____

- g. Preseason Visit briefing room location: _____

- h. Air Show Coordinator: _____

Address: _____

Coordinator phone: CELL: _____

WORK: _____

- i. Blue Angel Liaison: _____

Address: _____

Liaison phone: CELL: _____

WORK: _____

Coordinator and Blue Angel Liaison have read, and understand the Blue Angels Support Manual: YES / NO

2. Logistics: (#7 Jet Support)

- a. Type of fuel: JP4, JP5, JET A, JET A-1, JET 50 (circle each available)
Purchased from whom: _____ Cost: _____
GOVERNMENT FUEL CONTRACT NO.: _____
Form of payment: DoD credit card, SF-44, DLA contract (circle payment accepted)

- b. Hangar space available: YES / NO

(1) Where (Description): _____

- c. Runway/ramp swept prior to #7 aircraft arrival: YES / NO

- d. #7 Aircraft parking during preseason visit: (waypoint lat/long and description)

N: _____ W: _____

Description: _____

- e. Point of Contact for maintenance gear support:

(1) Local Air Guard Unit POC: _____

UNIT: _____

PHONE: _____ DSN: _____

(2) Fixed Base Operator: COMPANY: _____

POC: _____

PHONE: _____

- f. Proposed hotel accommodations: (if not staying overnight, fill in for **proposed** accommodations for the team during the actual air show)

Hotel Name: _____

Hotel Address: _____

Front Desk Phone: _____

Sales POC Name: _____

Sales POC Phone: _____ Fax: _____

County in which hotel is located: _____

Max Government Per Diem Rate (use county hotel is located in: \$ _____)

Show Site: _____

Proposed Cost Per Room: \$ _____

Does hotel rate include all taxes, occupancy fees, resort fees and incidentals? YES/NO

Tax Exempt Forms Accepted: YES/NO

g. Proposed athletic facility: (Fill in for proposed facility for the team's use during the actual air show)

Athletic Facility Name: _____

Athletic Facility Address: _____

Manager / POC Name: _____

Manager / POC Phone: _____

Fitness Facility is willing to provide complimentary usage of facility: YES/NO

If NO, Fees: _____

Fitness Facility Hours:

(Mon-Fri): _____

(Sat): _____

(Sun): _____

Fitness Facility Distance from proposed hotel: _____ Miles / _____ Minutes Driving

h. Transportation: MILITARY / RENTAL / COURTESY (circle one)

(One mid-size car will be necessary if remaining over-night)

3. Operations:

a. Blueprint quality diagram with all applicable items* annotated available during visit: YES / NO

* Items from Appendix (K) a-s

This Diagram will be used to discuss all aspects of your air show. It is imperative to have a plan ready for discussion while Blue Angel 7 and 8 are with you during the preseason visit. The more information shared and questions answered during the visit, the easier planning will be all year.

b. If military base: Base Operations phone: _____ DSN: _____
Weather phone: _____ DSN: _____

c. Flight Service Station phone: _____

d. Frequencies: Tower: VHF: _____ UHF: _____
Approach: VHF: _____ UHF: _____
Clearance: VHF: _____ UHF: _____
Ground: VHF: _____ UHF: _____
ATIS: VHF: _____ UHF: _____
FBO: VHF: _____ UHF: _____

4. Mandatory attendees for the Preseason Visit:

(Please provide complete and accurate information. Update if POCs change during the course of planning your show).

a. Air Show Coordinator: _____

Cell: _____

Office: _____

Home: _____

Fax: _____

Email: _____

b. Blue Angel Liaison: _____

Cell: _____

Office: _____

Home: _____

Fax: _____

Email: _____

Show Site: _____

c. FAA Air Show Monitor: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

d. Maintenance POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

e. Security POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

f. Crash Crew POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

g. Publicity POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

h. Airport Manager/Ops Officer: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

i. Coast Guard POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

j. Hotel Manager: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

Show Site: _____

k. Civilian Police POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

l. Medical POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

m. USN Recruiting POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

n. USMC Recruiting POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

o. Airfield Tower Supervisor: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

p. Fuel POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

q. Transportation POC: _____

Cell: _____
Office: _____
Home: _____
Fax: _____
Email: _____

Show Site: _____

FUEL CHECKLIST

1. Fuel Cost Update (**Added in 2010):

a. DOD Instruction 5410.19 (Public Affairs Community Relations Policy Implementation) Page 37, paragraph E3.5.3.2 states that "All sponsors must provide suitable aircraft fuel at standard military prices. Fuel obtained under DoD contract from civilian sources is an acceptable alternative to fuel obtained from military installations. If fuel, at the standard military price or DoD-contracted fuel is not available, **the sponsor must pay all costs**, including handling and transportation, above the standard military price."

2. Civilian Show Site Requirements:

- a. FBO Name: _____ FBO Phone Number: _____
 - (1) DoD Contract number: _____
 - (2) Current price per gallon: _____ Estimated price per gallon during the show: _____
 - (3) Expiration date: _____
 - (4) Point of contact: _____
 - (5) Phone: _____
 - (6) Fuel type: JET A, JET A-1, JET 50, JP4, JP5, JP8 (circle each available)

b. If you are unable to negotiate DoD contract fuel prices, the fuel will have to be transported from a military installation at the air show coordinator's expense or **the air show must pay all costs**, including handling and transportation, above the standard military price.

3. Fuel Quantity Requirement Planning:

- a. Demonstration Aircraft: (Blue Angels 1 through 6)
 - (1) Weekend show (Thur-Sun).....40,000 Gallons
 - (2) Blue Angels C-130 "Fat Albert" support aircraft.....4,600 Gallons
 - (3) #7 Key Influence and Media flights.....4,000 Gallons

b. Total fuel available at site: _____

- (1) Because of the amount of fuel required by each aircraft and the need to ensure against the breakdown of a single refueler, it is essential that we be provided with THREE single point refuelers, each with a **5,000-gallon** capacity minimum. Aircraft must be refueled immediately after engine shutdown. Truck fueling pressure should be 45-55 PSI.
- (2) # Of Trucks available: _____ Capacity: _____
- (3) Fuel distributor notified to have trucks immediately available after shutdown: YES / NO
- (4) **One Defuel truck available Thursday – Sunday:** YES / NO
- (5) All personnel informed that the F/A-18 will be fueled with auxiliary power applied: YES / NO

Show Site: _____

PERSONNEL SUPPORT CHECKLIST

(The Blue Angel Events Coordinator will negotiate and SIGN all Hotel Contracts during February and March of 2012. All below items will be negotiated. Please ensure your proposed hotel is aware of each requirement prior to our arrival. A copy of the contract can be provided for your records upon request.)

1. Lodging:

- a. Hotel Name: _____
- b. Hotel Address: _____
- c. Front Desk Phone: _____
- d. Sales POC Name: _____
- e. Sales POC Phone: _____ Fax: _____
- f. Driving time from hotel to airfield: _____ minutes; Distance: _____ miles
- g. Driving time from hotel to center point (if remote): _____ minutes; Distance: _____ miles
- h. Hotel Rate
 - (1) Single room rate: \$ _____
 - (2) Double room rate: \$ _____
 - (3) Tax Exempt Forms Accepted: YES / NO
 - (4) Parking Complimentary: YES / NO \$ _____ (if NO, air show is required to pay)
 - (5) In room High Speed Internet Complimentary: YES / NO \$ _____
 - (6) Remote Only: Conference style "De-briefing" room available at hotel, complimentary: YES / NO
 - (a) Total hotel amount (over Military Per Diem) the air show will be responsible for, to include parking: \$ _____
 - (b) Double rooms individually billed for both people occupying room: YES / NO
 - (c) Room Upgrades planned: YES / NO Type / How many? _____
 - (d) Room keys released to Narrator at 0730 the morning of team arrival: YES / NO
If NO, delivered by 1300 to Blue Angel briefing room with a complete rooming list: YES / NO
 - (e) Keys keyed for late check-out (1400 on day of departure): YES / NO
 - (f) Zero Balance receipts (taxes removed, if tax exempt) provided under door night before check out: YES / NO
 - (g) Telephone access, local calls waived (no charge): YES / NO
 - (h) Cancellation policy confirmed (preferably 24-48 working hours prior to arrival): YES / NO
 - (i) Act of God clause confirmed, including emergencies, maintenance or weather: YES / NO
 - (j) Long Trips: Dry Cleaning services coordinated, with separate account (one bill): YES / NO
 - (k) Long Trips: Shipping / handling fee services coordinated, with separate account (one bill): YES / NO
 - (l) **Contract signed by Events Coordinator: YES / NO Date signed:** _____

2. Transportation:

- a. Type of vehicles provided, RENTAL / COURTESY or BOTH (Circle all that apply)
- b. All vehicles (including courtesy) fully insured by air show: YES / NO
- c. Two vehicles staged for #7's early arrival: YES / NO
- d. Maps of local area with show site, hotel(s), gym(s), and social commits depicted in #7's vehicle: YES / NO
- e. All vehicles staged near the maintenance hangar no later than 0800 the day the C-130 arrives: YES / NO
- f. Blue Angel vehicle stickers act as all access flight line access: YES / NO
- g. Tanks at least one-half full: YES / NO
- h. Eighteen / Twenty-Two / Twenty-Six (18 / 22 / 26) full size 4 door sedans or SUVs: YES / NO (circle one)
- i. Ten (10) mini-vans: YES / NO
- j. Two (2) 15-passenger vans. YES / NO
- k. One (1) **six passenger 4 door, 8' bed crew cab pick-up**: YES / NO (bed should be lined, no canopy, completely empty and no tool box installed)
 - l. One (1) additional 15-passenger van or a small bus (if jets parked greater than ¼ NM from Blue Angel VIP seating) for transporting VIPs out to the jets for 8-man photos. YES / NO / N/A

Show Site: _____

3. Medical:

- a. Medical POC: _____
- b. Phone: _____ Cell Phone: _____ Pager: _____
- c. E-mail: _____ Address: _____
- d. Local Emergency Department: Name: _____ Phone: _____
- e. Nearest Level I Trauma Center: Name: _____ Phone: _____

4. Athletic Facility:

- a. Facility Name: _____
- b. Facility Front Desk phone: _____
- c. Address: _____
- d. POC: _____
- e. POC's Direct Phone: _____
- f. Fees (if any): _____
- g. Available equipment: _____
- h. Hours of operation (Mon-Sun) _____
- i. Towels provided: YES / NO
- j. Facility notified of Blue Angel use throughout our stay: YES / NO
- k. Facility access plan: _____
(1) Example: ID cards required and used with team roster (which we provide) or
(2) Front desk sign in sheet can be used.

5. Friends & Family Seats:

- a. 300 Friends & Family seats: YES / NO
- b. Type of seats: _____
- c. Located across from show center point: YES / NO
- d. If No, please provide location in relations to show center point
(Crowd left or crowd right, in feet): _____
- e. Blue Angel Friends & Family sample passes received from Assistant Events Coordinator: YES / NO
- f. Personnel available to monitor access to the VIP section: YES / NO Who: _____
- g. Front side access available. (A cut out in the crowd line used to do 8-man photos): YES / NO
- h. Security briefed for gate access, parking access and show access: YES / NO
- i. Shade, restrooms and water are requested.

Show Site: _____

MAINTENANCE SUPPORT CHECKLIST

1. Maintenance Equipment:

- a. Three (3) tow tractors: YES / NO
- b. Three (3) universal tow bars: YES / NO
- c. One (1) hydraulic test stand: YES / NO
- d. One (1) air starting unit: YES / NO
- e. Three (3) electric starting units: YES / NO
- f. One (1) forklift (10,000 lbs. Refer to note on pg. 13 and diagram on pg. 15 for specifics): YES / NO
- g. One (1) set of chocks for #7's early arrival: YES / NO
- h. Two (2) LOX servicing carts: YES / NO
 - (1) Type: _____ (TMU-27 or Type-4 is Mandatory for a long trip)
- i. One (1) nitrogen servicing cart: YES / NO
- j. Two (2) mobile light and power carts: YES / NO
- k. Five (5) Halon fire extinguishers: YES / NO
- l. Five (5) gallons of unleaded gasoline: YES / NO
- m. Two (2 1/2) gallon cans of unleaded gasoline if remote show site: YES / NO / N/A
- n. One (1) B-1, 10' high maintenance work platform: YES / NO
- o. Fifteen Thousand (15,000) square feet of exclusive hangar space: YES / NO
- p. Three (3) Airfield radios if necessary when crews cross active runways / taxiways: YES / NO
- q. Adequate restroom facilities accessible from aircraft parking and maintenance storage area: YES / NO
 - (1) If no facilities available, one (1) chemical toilet available: YES / NO
- r. Fifty (50) pounds of ice (Daily) for Maintenance Hangar: YES / NO
- s. Fifteen (15) pounds of ice (Daily) for Communications Cart: YES / NO
- t. Fifteen (15) cases of bottled water for Maintenance Hangar: YES / NO
- u. Two (2) cases of bottled water for Communications Cart Personnel: YES / NO
- v. Eight (8) cases of bottled water for Briefing Room Spaces: YES / NO

2. Smoke Oil Requirements: (Circle appropriate amount)

- WEEKEND SHOW (Thursday thru Sunday)- (20), 55-gallon drums.
- SATURDAY SHOW ONLY (Thursday thru Saturday)- (15), 55-gallon drums.
- SUNDAY SHOW ONLY (Friday thru Sunday)- (15), 55-gallon drums.
- REMOTE SHOW/LONG TRIP- (30), 55-gallon drums.

*****Smoke oil shall be paid for by the air show*****

- 3. Maintenance support gear staged near the C-130 parking area prior to #7's arrival at the show site: YES / NO
- 4. A minimum of three (3) 5,000 gallon fuel trucks dedicated to Blue Angel aircraft available after each practice and flight demonstration: YES / NO
- 5. One (1) defuel truck available Thursday – Sunday: YES / NO

Show Site: _____

OPERATIONS CHECKLIST

1. Civilian demonstration fees: (30 days prior to arrival)

- a. Date mailed: _____
- b. Amount of check: _____
- c. Show Days: _____

2. Show Line Type and Center point information:

Runway / Artificial / Over-Water (Circle one)

a. Runway Show Line:

- (1) Runway # that will be used as the Category I show line: _____
- (2) Inboard Edge / Outboard Edge (circle)
- (3) Exact Magnetic headings of show line: _____ crowd left / _____ crowd right
- (4) Category I show line distance: 1200' / 1500' or OTHER from the crowd: _____
- (5) 500' show line description and markers: _____
- (6) Center point marker: BUS / SEMI TRAILER / OTHER: _____
- (7) Dimensions (Height, Length and Width in feet): _____
- (8) Color: _____
- (9) Positioned exactly perpendicular to the runway show line: YES / NO
- (10) Driver and keys for center point marker available for #7's arrival: YES / NO

b. Artificial show line (if runway is not available):

- (1) 5000' x 40' white plastic strip: YES / NO If No, material that will be used: _____
- (2) Surveyed straight show line: YES / NO
- (3) In place when #7 arrives: YES / NO
- (4) Exact Magnetic headings of show line: _____ crowd left / _____ crowd right
- (5) Category I show line distance: 1200' / 1500' or OTHER from the crowd: _____
- (6) 500' show line description and markers: _____
- (7) Center point marker: BUS / SEMI TRAILER / OTHER: _____
- (8) Dimensions (Height, Length and Width in feet): _____
- (9) Color: _____
- (10) Positioned exactly perpendicular to the artificial show line: YES / NO
- (11) Driver and keys for center point marker available for #7's arrival: YES / NO

c. Over-water show line (if remote):

- (1) White center point vessel (100'-130' length)(Mast less than 40'): YES / NO
- (2) Type / Dimensions (Height, Length and Width in feet): _____
- (3) White crowd right vessel slightly smaller than center point vessel (60' length minimum): YES / NO
- (4) Type / Dimensions (Height, Length and Width in feet): _____
- (5) 500' show line description and markers: _____
- (6) Both boats in position prior to #7's check flight: YES / NO
- (7) Marine VHF and Coast Guard representative available at center point during all flying: YES / NO
- (8) Aerobatic box must be sterile 30 minutes prior to flight: YES / NO
- (9) A box 1 NM along the show line either side of center point and 1500' inboard and outboard of the show line, sterile of boats and swimmers: YES / NO
- (10) Planned Magnetic headings of show line: _____ crowd left / _____ crowd right
1200' / 1500' or OTHER from the crowd: _____
- (11) Remote Only: Transportation for eight team members (Comm. cart personnel) to and from show center point each day is required. Type of transportation: Helo / police escort / boat / van _____ (circle applicable options)

3. Aerobatic Box ¾ NM Crowd Right Extension: YES / NO Distance: _____

4. Weight bearing figures compatible with the F/A-18 and C-130 for runways and ramp areas: YES / NO

Show Site: _____

5. Arresting gear requirements:

a. Arresting gear available on site

- (1) Location: _____
- (2) Type: _____

b. Arresting Gear NOT available on site, but available arresting gear located within 60 NM of show site
(40 nautical of a remote show site)

- (1) Airfield Name and 3 Letter ID: _____
- (2) Hour of operations: _____
- (3) Airfield available during all Blue Angel flying events, practice and show days: YES / NO
- (4) Runway(s) with Arresting Gear: _____
- (5) Length of runway: _____
- (6) Type of gear: _____
- (7) Bearing / Distance from center point to arresting gear airfield: _____
- (8) Tower POC: _____ Phone / Cell: _____
- (9) Tower / Base Operations / FBO Phone: _____

c. Arresting gear NOT available on-site or within required distances

- (1) Mobile arresting gear being installed: YES / NO
- (2) Company installing mobile arresting gear: _____
- (3) Date of installation: _____
- (4) Location (runway end and distance): _____
- (5) Type: _____
- (6) Available for #7 to test during early arrival day: YES / NO

6. Uncontrolled Airfield:

a. Will the Air Boss be available from team's arrival day to departure day: YES/NO

- (1) Air Boss Name: _____ Phone: _____

7. Crowd control:

a. Barrier

- (1) Snow fence: YES / NO
- (2) If No, Type: _____
- (3) Barrier in place prior to the Friday practice: YES / NO

b. Length

(1) The length of spectator area cannot exceed 2000' for a 1500' show line and 1500' for a 1200' show line in either direction of crowd center point. See enclosure 2 for maximum crowd dimension diagram.

- (2) Distance from crowd center point to the left edge of the crowd: _____
- (3) Distance from crowd center point to the right edge of the crowd: _____

c. Access

- (1) #7 spare jet and Fat Albert easy access to active runway during practices and shows: YES / NO

8. Briefing Room(s):

a. Set-up

(1) One (1) squadron briefing room with a conference style set-up with ten (10) chairs around the table and additional seating for 15 additional personnel around the room: YES / NO **(REQUIRED)**

- (2) Exclusive use of brief room from #7's arrival to team departure: YES / NO
- (3) Two (2) keys for brief room given to #7 upon his arrival: YES / NO
- (4) Two (2) Large trash cans available: YES / NO
- (5) Brief room location: _____
- (6) Parking for 12-15 vehicles roped off out front of briefing room: YES / NO
- (7) Computer with high-speed internet and **PRINTING** capability available: YES / NO
- (8) Copy and Fax machines available: YES / NO
- (9) Phone number for brief room: _____ Fax number for brief room: _____
- (10) One (1) Solo briefing room (near by) set up with a table and two (2) chairs: YES / NO

Show Site: _____

9. Security:

- a. Security personnel posted at intervals along crowd line for practices and shows: YES / NO
- b. Twenty-four hour security personnel provided specifically for Blue Angels aircraft, including Fat Albert and #7. The standard 24-hour ramp security provided at military installations is sufficient: YES / NO
- c. For crowd line autograph sessions after Saturday and Sunday performances, a security person is assigned to accompany each pilot (nine total): YES / NO military / civilian
- d. All required keys / codes provided for #7 at the arrival meeting: YES / NO

10. Civilian Police Escort:

- a. Point of contact: _____
- b. Phone: _____ Cell: _____
- c. Number of cars: _____ Bikes: _____
- d. Route planned to by-pass air show traffic: YES / NO
- e. Maintenance Escort Required: YES / NO
- f. Social Functions that may require police escort: YES / NO _____

11. Search and Rescue

- a. SAR or Civilian ambulance: (Circle one):
- b. Name of assigned asset: _____
- c. POC: _____
- d. Phone: _____ Cell: _____

12. Pyrotechnics:

- a. Company: _____
- b. 500' clearance behind Blue Angel aircraft: YES / NO
- c. FOD sweep after PYRO, prior to Blue Angel performance scheduled: YES / NO

13. Narration Stand:

- a. Location: _____
- b. Positioned greater than 150 yards laterally from behind our communications cart to preserve line-of-sight: YES / NO
- c. Set up for practice show: YES / NO

14. **Narrator's Arrival Brief:** One day prior to the squadron arrival, #7 will meet with the entire air show committee, including the FAA monitor.

- a. The below list of personnel are notified of time and location: YES / NO
 - (1) Location: _____
 - (2) Time: _____
- b. The following personnel must attend the arrival brief:
 - (1) Air Show Coordinator
 - (2) Blue Angel Liaison
 - (3) FAA Monitor
 - (4) Maintenance Support Point of Contact
 - (5) Security Chief
 - (6) Crash Crew Chief
 - (7) Publicity Coordinator
 - (8) Airfield Manager/Operations Officer
 - (9) U.S. Coast Guard Representative (if applicable)
 - (10) Hotel/Motel Manager
 - (11) Civilian Police Escort
 - (12) Medical Point of Contact
 - (13) Fuel Point of Contact
 - (14) District Commanding Officer and local Navy Recruiter
 - (15) Marine Corps Recruiting Representative
 - (16) Airfield Tower Supervisor
 - (17) Transportation Coordinator

Show Site: _____

C-130 DEMONSTRATION SUPPORT CHECKLIST

1. C-130 "Fat Albert" Support

a. The following are requirements for the C-130 flight demonstration.

- (1) C-130 included in the FAA Waiver: YES / NO
- (2) Are you planning a night event with Fat Albert as a night performer? YES / NO If Yes, please be sure to discuss timeline requirements with the assistant events coordinator.
- (3) AC power cart available for the C-130: YES / NO
- (4) C-130 parking compatible for access to runway during show days: YES / NO
- (5) On the final demonstration day, fuel truck available for immediate servicing of the C-130: YES / NO
- (6) On the final demonstration day, can the C-130 park adjacent to the maintenance hangar to facilitate loading of maintenance gear? YES / NO
- (7) A 10,000 lbs forklift is available to remove gear from C-130: YES / NO
- (8) Hangar available to fit a C-130 inside, in the case of inclement weather: YES / NO

Show Site: _____

FEDERAL AVIATION ADMINISTRATION CHECKLIST (WAIVER)

1. FAA:

a. Waiver Specifics

(1) An FAA waiver request has been submitted to the nearest FSDO office, and one copy to the Blue Angels Events Coordinator: YES / NO

(3) Arrival maneuvers, practice demonstrations, flight demonstrations, and C-130 demonstrations included on the waiver: YES / NO

(4) FAR 91.117(a)(b), 91.119 (b)(c), and 91.303 (c)(d)(e), annotated on waiver: YES / NO

(5) Five (5) nautical mile radius from **show center point**, and 15,000 feet **above ground level** (AGL) annotated on the waiver: YES / NO

(6) Congested area waiver request submitted with application: YES / NO (To include 200' **AHO** ingress/egress within 3 NM on run-in lines).

b. Waiver Times

(1) Waiver for (Thursday) Circle Maneuvers (1200) to (1400) (Circle Maneuvers 2 hours)

(2) Waiver for (Thursday) Practice Flight (1500) to (1615) (Practice 1 hour 15 minutes)

(3) Waiver for (Friday) Practice Flight (1500) to (1700) (Demonstration 2 hours)

(4) Waiver for (Saturday) Demonstration (1500) to (1700) (Demonstration 2 hours)

(5) Waiver for (Sunday) Demonstration (1500) to (1700) (Demonstration 2 hours)

c. Schedule

(1) Forward a copy of the approved waiver no later than 30 days prior to arrival: YES / NO

(2) NOTAMS issued: YES/NO Date issued: _____

(3) TFR issued: YES/NO Date issued: _____

(4) Commercial arrival and departure schedule deconflicted with waiver times and forwarded to Events Coordinator: YES / NO

(5) Are start times for practice and demonstrations at least three (3) hours prior to sunset: YES/NO

(6) Start time for each flying day:

Thursday:

Date: _____ Flight: (Circle Maneuvers 1-4) Times: _____

Date: _____ Flight: (Circle Maneuvers 5/6) Times: _____

Date: _____ Flight: (Delta Practice) Times: _____

Date: _____ Flight: (Circle Maneuvers Fat Albert) Times: _____

Friday / Saturday / Sunday:

Date: _____ Flight: (Fat Albert Practice or show) Times: _____

Date: _____ Flight: (Delta Practice or show) Times: _____

Show Site: _____

Appendix (I)

No certificate may be issued unless a completed application form has been received (14 C.F.R. 91. 101. and 105).

 <p>US Department of Transportation Federal Aviation Administration</p> <p>APPLICATION FOR CERTIFICATE OF WAIVER OR AUTHORIZATION</p>	<i>Form Approved: O.M.B. No. 2120-0027</i>	
	APPLICANTS - DO NOT USE THESE SPACES	
	Region	Date
	Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved - Explain under "Remarks"	
Signature of authorized FAA representative		

INSTRUCTIONS

Submit this application in triplicate (3) to any FAA Flight Standards district office.

Applicants requesting a Certificate of Waiver or Authorization for an aviation event must complete all the applicable items on this form and attach a properly marked 7.5 series Topographic Quadrangle Map(s), published by the U.S. Geological Survey (scale 1:24,000), of the proposed operating area. The map(s) must include scale depictions of the flightlines, showlines, race courses, and the location of the air event control point, Police dispatch, ambulance, and fire fighting equipment. The applicant may also wish to submit photographs and scale diagrams as supplemental material to assist in the FAA's evaluation of a particular site. Application for a Certificate of Waiver or Authorization must be submitted 45 days prior to the requested date of the event.

Applicants requesting a Certificate of Waiver or Authorization for activities other than an aviation event will complete items 1 through 8 only and the certification, item 15, on the reverse.

1. Name of organization	2. Name of responsible person
-------------------------	-------------------------------

3. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
------------------------------	---	------	--------------------	---------------

4. FAR section and number to be waived

5. Detailed description of proposed operation (*Attach supplement if needed*)

6. Area of operation (*Location, altitudes, etc.*)

7a. Beginning (<i>Date and hour</i>)	b. Ending (<i>Date and hour</i>)
--	------------------------------------

8. Aircraft make and model (a)	Pilot's Name (b)	Certificate number and rating (c)	Home address (Street, City, State) (d)

Show Site: _____

▶ ITEMS 9 THROUGH 14 TO BE FILLED OUT FOR AIR SHOW/AIR RACE WAIVER REQUESTS ONLY.				
9. The air event will be sponsored by:				
10. Permanent mailing address	House number and street or route number	City	State and ZIP code	Telephone No.
11. Policing <i>(Describe provisions to be made for policing the event.)</i>				
12. Emergency facilities <i>(Mark all that will be available at time and place of air event.)</i>				
<input type="checkbox"/> Physician <input type="checkbox"/> Fire truck <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Ambulance <input type="checkbox"/> Crash wagon _____				
13. Air Traffic control <i>(Describe method of controlling traffic, including provision for arrival and departure of scheduled aircraft.)</i>				
14. Schedule of Events <i>(Include arrival and departure of scheduled aircraft and other periods the airport may be open.)</i>				
Hour (a)	Date (b)	Event (c)		
<i>If sufficient space is not available, the entire schedule of events may be submitted on separate sheets, in the order and manner indicated above.</i>				
<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">➤</div> <div> <p>Please Read</p> <p>The undersigned applicant accepts full responsibility for the strict observance of the terms of the Certificate of Waiver or Authorization, and understands that the authorization contained in such certificate will be strictly limited to the above described operation.</p> </div> </div>				
15. Certification - I CERTIFY that the foregoing statements are true.				
Date	Signature of Applicant			
Remarks				

Show Site: _____

AIRCRAFT PARKING AND STATISTICS

Check load-bearing capability of all parking areas, arrival and show parking.

1. F/A-18 Aircraft (#1 - #6) Arrival / Show Parking:
 - a. A 300' long by 300' wide (75' minimum) parking area with ample surrounding space to allow jets to taxi and ensure spectator protection from jet blast is available: YES / NO
 - b. Show parking should be located at the center point of the crowd line. (See Figure A)
2. Blue Angels Communications Cart Show Parking:
 - a. Must be located directly across from center point.
 - b. No obstructions positioned within 150 yards laterally, to preserve line-of-sight for our safety observers and videographers.
3. F/A-18 Aircraft (#7) Arrival Parking:
 - a. Positioned so it is readily accessible for media flights.
4. F/A-18 Aircraft (#7) Show/Spare Parking:
 - a. Sufficient room must be available to park another aircraft alongside if a hot switch is required.
 - b. A clear path to active runway is required.
5. C-130 Arrival Parking:
 - a. Positioned in close proximity to the maintenance hangar (secure gear storage facility) to afford easy on and off loading of gear and easy maintenance accessibility to F/A-18s.
6. C-130 Show Parking:
 - a. Area with the least obstruction to spectator views. (See Aircraft Statistics)

AIRCRAFT STATISTICS

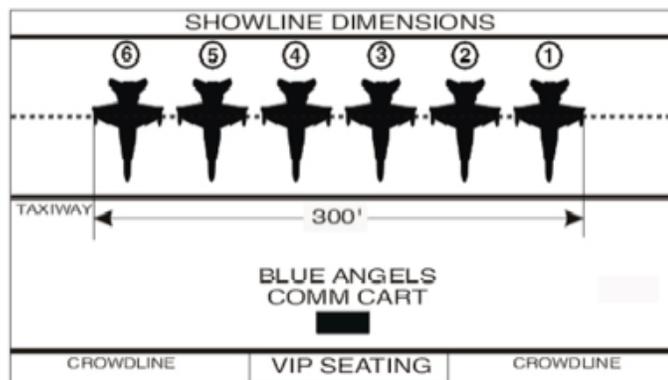
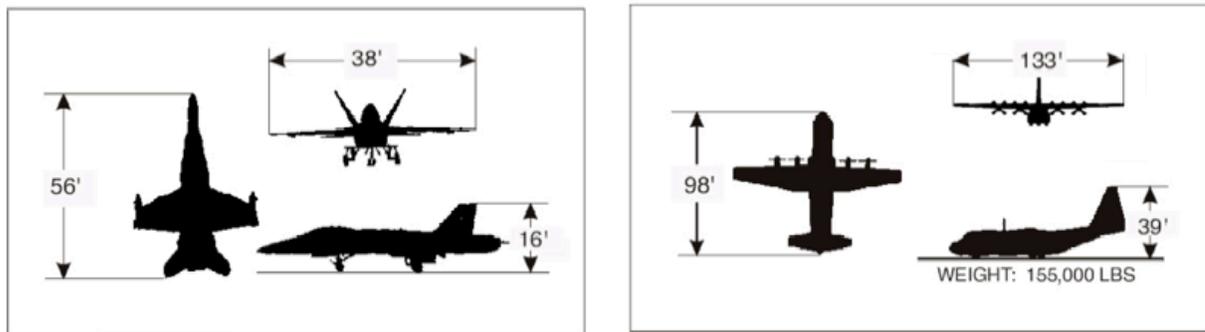


Figure A

Show Site: _____

AIRFIELD DIAGRAM CHECKLIST

1. A 3' x 5' scaled diagram (chart/map) of the airfield or waterway with ALL of the following items clearly annotated is to be mailed to the Events Coordinator's office 60 days prior to the Narrator's arrival (include this completed Appendix (K) with the diagram). **All latitudes and longitudes must be accurate to the nearest second. Format is Degrees, Minutes, Seconds (not decimal minutes).**

a. Show line

- (1) Type: runway edge / artificial / over-water (circle one) description _____
- (2) Headings (**nearest magnetic degree**) _____ / _____
- (3) Category I show line distance from the crowd: 1200', 1500', other: _____
- (4) $\frac{3}{4}$ NM Crowd Right extension: YES / NO Length: _____
- (5) 500' Line Location / Markings: _____
- (6) Aerobatic Box Dimensions: _____
- (7) Road Closures: _____

b. Center point:

- (1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____

c. Crowd line:

- (1) Feet left of Center Point _____ Feet right of Center Point _____
- (2) Depict all sides of crowd boundaries on scaled diagram: YES / NO

d. Blue Angels Friends & Family:

- (1) Location: _____
- (2) Size of Friends & Family section: _____
- (3) Distance left or right of show center point: _____
- (4) Location of Friends & Family parking lot, if available: _____

e. Other performer parking location: _____

f. Static display parking locations: _____

g. Arresting gear location: _____

h. Maintenance hangar location: _____

i. Maintenance vehicle parking location: _____

j. Show load storage location: _____

k. Inclement weather hangar location: _____

l. Brief room location: _____

- (1) Brief room vehicle parking location: _____

m. 1-6 arrival parking:

- (1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
- (2) Description of location: _____

n. 1-6 show parking:

- (1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
- (2) Description of location: _____

Show Site: _____

- o. #7's arrival parking:
(1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
(2) Description of location: _____

- p. #7's show/spare parking:
(1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
(2) Description of location: _____

- q. C-130 arrival parking:
(1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
(2) Description of location: _____

- r. C-130 show parking:
(1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
(2) Description of location: _____

- s. Communications cart parking:
(1) LATITUDE N: _____ LONGITUDE W: _____ Elevation: _____
(2) Description of location: _____

2. For a show being flown over water, a waterway chart is required with the following items accurately depicted. The airfield diagram/waterway chart must be a scale of 1" equals 200'-400' and have the proper scale annotated on it.

- a. Category 1 Aerobatic Box
- b. Show Line
- c. Center point boat location
- d. Crowd right boat location
- e. Friends & Family seating
- f. Friends & Family parking
- g. Communications Cart location
- h. Narration Stand location

3. Examples of show line and crowd line requirements are included in Enclosure (2). Aircraft parking requirements are in Appendix (J). **Quality and accuracy are imperative.**

Show Site: _____

RECRUITING SUPPORT CHECKLIST

1. Navy Recruiting

- a. Navy Recruiting District Commanding Officer: _____
 - (1) Address: _____
 - (2) Phone: _____
 - (3) Cell: _____
 - (4) Fax: _____
- b. Navy Recruiting District Liaison Officer: _____
 - (1) Address: _____
 - (2) Phone: _____
 - (3) Cell: _____
 - (4) Fax: _____

2. Marine Corps Recruiting

- a. Marine Corps Recruiting District Commanding Officer: _____
 - (1) Address: _____
 - (2) Phone: _____
 - (3) Cell: _____
 - (4) Fax: _____
- b. Marine Corps Recruiting District Liaison Officer: _____
 - (1) Address: _____
 - (2) Phone: _____
 - (3) Cell: _____
 - (4) Fax: _____

3. Event general admission tickets (200 per air show day): YES / NO

4. Reserved seating tickets (100 per air show day): YES / NO

5. Recruiting booth/exhibit display (measuring up to 60' wide X 80' long X 20' high) for all air show days: YES / NO

6. Recruiting advertisement for the Navy and Marine Corps in every program.

7. HIGH SCHOOL VISIT INFORMATION:

- a. First High School visit:
 - (1) Name of school (exact name and correct spelling required, in order to make personal Lithograph for each school):

 - (2) Date of visit: _____ (Friday **ONLY**)
 - (3) Scheduled visit time (normally 0830-0930): _____
 - (4) Schools first period start and end times: _____
 - (5) Hotel departure time: _____
 - (6) Driving time from hotel to High School must be less than 25 minutes driving time (traffic/delay time included)

Estimated driving time: _____

- (7) Navy Recruiter Escort Name (Rate/Rank, first and last): _____
- (8) Cell Phone: _____
- (9) Marine Recruiter Escort Name (Rate/Rank, first and last): _____
- (10) Cell Phone: _____
- (11) Est. Attendance: _____ (used to bring appropriate number of handouts for students)
- (12) High School POC (first and last name): _____
- (13) Phone: _____ / Cell: _____
- (14) DVD, projector and proper sound equipment available: YES / NO

Show Site: _____

b. Second High School visit:

(1) Name of school (exact name and correct spelling required, in order to make personal Lithograph for each school):

(2) Date of visit: _____ (Friday **ONLY**)

(3) Scheduled visit time (normally 0830-0930): _____

(4) Schools first period start and end times: _____

(5) Hotel departure time: _____

(6) Driving time from hotel to High School must be less than 25 minutes driving time (traffic/delay time included)

Estimated driving time: _____

(7) Navy Recruiter Escort Name (Rate/Rank, first and last): _____

(8) Cell phone: _____

(9) Marine Recruiter Escort Name (Rate/Rank, first and last): _____

(10) Cell phone: _____

(11) Est. Attendance: _____ (used to bring appropriate number of handouts for students)

(12) High School POC (first and last name): _____

(13) Phone: _____ / Cell: _____

(14) DVD, projector and proper sound equipment available: YES / NO

c. Third High School visit:

(1) Name of school (exact name and correct spelling required, in order to make personal Lithograph for each school):

(2) Date of visit: _____ (Friday **ONLY**)

(3) Scheduled visit time (normally 0830-0930): _____

(4) Schools first period start and end times: _____

(5) Hotel departure time: _____

(6) Driving time from hotel to High School must be less than 25 minutes driving time (traffic/delay time included)

Estimated driving time: _____

(7) Navy Recruiter Escort Name (Rate/Rank, first and last): _____

(8) Cell phone: _____

(9) Marine Recruiter Escort Name (Rate/Rank, first and last): _____

(10) Cell phone: _____

(11) Est. Attendance: _____ (used to bring appropriate number of handouts for students)

(12) High School POC (first and last name): _____

(13) Phone: _____ / Cell: _____

(14) DVD, projector and proper sound equipment available: YES / NO

d. Fourth High School visit:

(1) Name of school (exact name and correct spelling required, in order to make personal Lithograph for each school):

(2) Date of visit: _____ (Friday **ONLY**)

(3) Scheduled visit time (normally 0830-0930): _____

(4) Schools first period start and end times: _____

(5) Hotel departure time: _____

(6) Driving time from hotel to High School must be less than 25 minutes driving time (traffic/delay time included)

Estimated driving time: _____

(7) Navy Recruiter Escort Name (Rate/Rank, first and last): _____

(8) Cell phone: _____

(9) Marine Recruiter Escort Name (Rate/Rank, first and last): _____

(10) Cell phone: _____

(11) Est. Attendance: _____ (used to bring appropriate number of handouts for students)

(12) High School POC (first and last name): _____

(13) Phone: _____ / Cell: _____

(14) DVD, projector and proper sound equipment available: YES / NO

Show Site: _____

Appendix (L)

e. Children's Hospital or Medical School visit:

(1) Name of hospital (exact name and correct spelling required, in order to make personal Lithograph for each hospital):

(2) Date of visit: _____(Friday **ONLY**)

(3) Scheduled visit time (normally 0830-0930): _____

(4) Hotel departure time: _____

(5) Driving time from hotel to hospital must be less than 25 minutes driving time (traffic/delay time included):

Estimated driving time: _____

(6) Navy Recruiter Escort Name (Rate/Rank, first and last): _____

(7) Cell phone: _____

(8) Marine Recruiter Escort Name (Rate/Rank, first and last): _____

(9) Cell phone: _____

(10) Est. Attendance: _____ (used to bring appropriate number of handouts for students)

(11) Hospital POC (first and last name): _____

(12) Phone: _____ / Cell: _____

Show Site: _____

KEY INFLUENCER / MEDIA RIDER SUPPORT CHECKLIST

** Key-Influencer Flights: Please contact CNATRA Public Affairs, LT John Supple at 361-961-3666 to get the names of the (2) two Key Influencer Riders flying at your show site. Biographies will be provided, so marketing and media can be worked out early. The below checklist will be used to select the (1) one media rider that will fly on the same day as the Key Influencer riders. The one media rider will be asked to report on the Key Influencer rides taking place just prior to their ride. **(Please type or write legibly and be sure to include area code and phone number)**

1. Media Rider **nominees** and an alternate (Must be credentialed media):

DATE OF FLIGHT: _____

SHOW SITE: _____

PRIMARY #1

ALTERNATE #1

Age ___ Height ___ Weight ___ Jacket Size _____

Age ___ Height ___ Weight ___ Jacket Size _____

Medical History Biography

Medical History Biography

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

AFFILIATION: _____

AFFILIATION: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

2. #7 will brief tower chief on his conduct of flights.

3. Aircraft parking location: _____ LAT: N _____ LONG: W _____

4. Sterile operational area (or MOA): _____

5. Stereo route or desired IFR route to operational area: YES / NO

6. Frequency to utilize in area: _____

7. Fuel truck (1,500) gallon minimum available immediately after each flight: YES / NO

Truck fueling pressure 45-55 PSI: YES / NO

NOTE: #7's KI and Media flights do not require an FAA waiver but operating area must be sterile.

** Riders must not have flown with the Blue Angels or any other demonstration team before. Contact Events Coordinator if questions arise.

** The Blue Angel Events Office will determine and day and time of all (3) three rides in the #7 jet.

**** RIDERS WILL NOT BE CONSIDERED UNTIL RECEIPT OF MEDICAL HISTORY AND BIOGRAPHY. THESE SHOULD BE INCLUDED WITH THIS COMPLETED CHECKLIST. FINAL APPROVAL RESTS WITH CHIEF OF NAVAL AIR TRAINING (CNATRA).**

8. Signatures:

Air Show Publicity Coordinator

Show Site: _____

Appendix (N)

Dear Sir or Madam,

Congratulations on being selected as a primary or alternate candidate to fly with the U.S. Navy Blue Angels in the F/A-18 Hornet. The Hornet is a state-of-the-art, high performance strike/fighter aircraft and certain physical requirements must be met in order to have an enjoyable and safe experience in our aircraft. For this reason, you must complete a thorough medical questionnaire for review prior to approval for flight. In addition, you are required to have a routine physical examination by your local physician prior to your flight in order to see if he or she has any reason to believe that you should not participate in this type of strenuous activity. Your doctor will need to review your questionnaire, indicate if you have any contraindications to flight and sign/date the form, which you will then return to the Assistant Events Coordinator. We do not need a copy of the physical exam. To make the most of this flight, here are several suggestions, which may make your day with the Blue Angels more enjoyable:

1. In the weeks prior to the flight, maintain a reasonable level of physical fitness and exercise; you'll feel better, sleep better and have a better time flying.
2. Eat normally and stay well hydrated in the days prior to the flight, avoid alcohol and get a good night's sleep the night before. Do not fly on an empty stomach. Eat a light meal 2 - 3 hours prior to the flight, avoiding greasy foods and acidic drinks.
3. It is highly recommended that you remain free of commitments the day of your flight, due to the strenuous physical nature of the flight.
4. If you catch a cold or are otherwise ill the day of the flight, you must inform the crew chief and pilot so that arrangements can be made to fly the alternate media representative. Flying with a cold may cause serious and sometimes permanent injury to the inner ear and sinuses.
5. Due to the height and weight limits of our ejection seats, those individuals taller than 78 inches or weighing more than 235 pounds and less than 100 pounds will be automatically disqualified from flight. **Individuals weighing from 100 to 135 pounds and 214 to 235 pounds will be required to sign a waiver for flight in our ejection seats, due to an increased risk of injury in the event of an ejection.**

If you have any questions at all concerning your flight, please feel free to call me in Pensacola, FL at (850) 452-2583 Ext. 3120 or in El Centro, CA at (760) 339-2508 (January – March). Have a great time!

Sincerely,

Jason E. Smith
Lieutenant Commander, MC, USN
Blue Angels Flight Surgeon

Medical Questionnaire for non-military personnel to fly in U.S. Navy Blue Angels aircraft

Please Read Carefully

****** EACH PROSPECTIVE RIDER MUST COMPLETE THIS FORM ******

You are requesting to fly as a selected passenger with the U.S. Navy Blue Angels. Although this squadron has tremendous experience and an outstanding safety record, these flights are still considered high risk and can require a high level of physical fitness and stamina. You will be required to wear a complete set of flight gear including helmet, gloves, flight suit, parachute harness and survival vest. The flight will be conducted in the F/A-18 Hornet, a high performance, ejection seat equipped strike/fighter aircraft. Actual flight profiles may include sustained high G-forces and high speed aerobatic maneuvering. This medical questionnaire allows our flight surgeon to have a better picture of your past and present health, fitness status, and suitability for this type of flight. Please take time and be complete in filling out the form. Be assured that answering yes to a particular question or questions does not necessarily result in disqualification from the flight, as most people have some type of medical history. **You are also required to see your local physician some time prior to the flight for a routine physical examination, at your own expense, to ensure that he or she has no concerns regarding your participation in this type of strenuous activity.** If you have any questions or concerns, please contact the Blue Angels Flight Surgeon at (850) 452-2583/2584, Ext 3120. Fax all information to the Assistant Events Coordinator at 850-452-2790.

DIRECTIONS:

BLUE ANGEL LIAISON:

1. Ensure that each Media Rider nominee has a copy of *this* questionnaire.
2. Ensure that they complete it at least 60 days prior to their scheduled flight.

PASSENGER:

1. Immediately schedule an appointment with your physician for a physical exam.
2. During your exam, have the provider review your questionnaire and complete his/her portion of the form.
3. Only exams from Medical Doctors, a D.O., a Nurse Practitioner, or a PA will be accepted. **We cannot accept exams from: chiropractors, podiatrists, optometrists, nurses or holistic healers.**
4. You must fax **ALL MEDICAL** information, including the questionnaire/doctor's statement below and a copy of your press credentials to the Assistant Events Coordinator at 850-452-2790.

THERE IS NO NEED TO FAX IT TO THE AIRSHOW COORDINATOR.

EXAMING PHYSICIAN

1. Perform a thorough physical exam. It is important that the patient can easily valsava, and has good TM movements.
2. Please comment on any "YES" answers on the questionnaire, medication use (including OTC), surgeries, retained orthopedic hardware, and any other medical condition. This flight is extremely demanding, and not suitable for everyone.

IF THIS INFORMATION IS NOT RECEIVED 60 DAYS PRIOR TO YOUR FLIGHT, YOU WILL BE DISQUALIFIED

Show Site: _____

Name _____ Organization _____

Day/Work Phone Number () _____ Show site _____

Alternate Phone Number () _____ Email _____

Medical History Press Credentials

Age _____ Height _____ Weight _____ Jacket Size _____

Do you have now, or have you ever had:

- | Y | N | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Disease of the eyes, ears, sinuses or seasonal allergies which still require medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Difficulty clearing your ears or pain in your ears or sinuses from flying or scuba diving? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Chest pain, angina, heart attack, heart disease, high blood pressure, heart murmur, palpitations, cardiac catheterization, pacemaker or cardiac stress test? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Stroke, phlebitis, blood clots in legs, excessive fatigue with mild exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Asthma, wheezing, emphysema, chronic cough, tuberculosis, collapsed lung, chest surgery of any kind, chest tube placed, or abnormal chest X-ray? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Disease of the bowel, gastric ulcer, rectal bleeding, chronic abdominal or pelvic pain, hernia, kidney stone, disease of the urinary tract. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Arthritis, joint deformity, limited movement of any joint, chronic neck or back pain, neck or back surgery, 'slipped' or herniated disk, neurologic surgery of any kind. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Paralysis, muscle weakness, seizures, epilepsy, loss of consciousness or amnesia. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Mania, depression, schizophrenia, panic attacks, fear of flying or fear of enclosed spaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Anemia, sickle cell crisis, diabetes, liver or thyroid disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Arterial gas embolism, decompression sickness or the 'bends'? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently pregnant or planning to become pregnant prior to the flight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you have any acute or chronic condition not listed previously? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are you currently under care or therapy of a physician or practitioner for any medical condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are you currently taking any medications? List: |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Difficulty jogging two (2) miles in 20 minutes or swimming 100 yards? |

Show Site: _____

Appendix (N)

I certify that the above information is true and correct and understand that I am required to have a physical examination by my family physician, at my own expense, prior to flying with the Blue Angels.

Applicant Signature _____ Date _____

IF YOU ANSWERED ' YES' TO ANY OF THE ABOVE QUESTIONS (1-16) PLEASE GIVE DETAILS BELOW AND INDICATE IF THE CONDITION RESOLVED.

The following is to be completed by your examining physician:

The above patient was evaluated on _____.

Date of Exam

Please select one of the following:

_____ He/she has no medical contraindication for flight in a high performance aircraft with the Blue Angels.

_____ He/she has a medical condition(s), which may contraindicate a flight in a high performance aircraft.

Please list and explain all conditions and medications:

Signature of Examiner

Date

**Printed name of Examiner
& Credentials (i.e. MD, DO, PA, NP)**

Phone Number

Approved

Disapproved

Blue Angel Flight Surgeon Signature

Date _____

Show Site: _____

SOCIAL FUNCTION CHECKLIST

1. Evening function/commitments must be confirmed 60 days prior to the air show (**no sit down dinners**).

****NO MANDATORY THURSDAY COMMITMENTS****

a. Mandatory Commitment:

Date/Day: _____ Start Time: _____ End Time: _____

Event Title: _____

Location / Full Address: _____

Driving time from airfield to commit: _____ Police Escort required: YES / NO

Host: _____

POC: _____ Cell Phone: _____

Attended by: Officers / Chiefs / Enlisted / All (circle all that apply)

Can guests be invited: YES / NO

Blue Angel Team Member Attire: Show suits / Team Polos / Casual / Business Casual / Semi-Formal / Formal

Guest Attire: Casual / Business Casual / Semi-Formal / Formal / Theme

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted Type: Snacks / Hors d'oeuvres / Buffet (no sit down dinners)

Introductions of the team desired: YES / NO

Will presentations be made to the team: YES / NO

b. Optional Commitment: (Attendance is not required, No Introductions, No Presentations)

Date/Day: _____ Start Time: _____ End Time: _____

Event Title: _____

Location / Full Address: _____

Driving time from airfield to commit: _____ Police Escort required: YES / NO

Host: _____

POC: _____ Cell Phone: _____

Attended by: Officers / Chiefs / Enlisted / All (circle all that apply)

Can guests be invited: YES / NO

Blue Angel Team Member Attire: Show suits / Team Polos / Casual / Business Casual / Semi-Formal / Formal

Guest Attire: Casual / Business Casual / Semi-Formal / Formal / Theme

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted Type: Snacks / Hors d'oeuvres / Buffet (no sit down dinners)

Show Site: _____

Appendix (O)

c. Optional Commitment: (Attendance is not required, No Introductions, No Presentations)

Date/Day: _____ Start Time: _____ End Time: _____

Event Title: _____

Location / Full Address: _____

Driving time from airfield to commit: _____ Police Escort required: YES / NO

Host: _____

POC: _____ Cell Phone: _____

Attended by: Officers / Chiefs / Enlisted / All (circle all that apply)

Can guests be invited: YES / NO

Blue Angel Team Member Attire: Show suits / Team Polos / Casual / Business Casual / Semi-Formal / Formal

Guest Attire: Casual / Business Casual / Semi-Formal / Formal / Theme

Drinks: Hosted/Unhosted

Food: Hosted/Unhosted Type: Snacks / Hors d'oeuvres / Buffet (no sit down dinners)

*** Do not make final confirmation for any event until you have contacted the Events Coordinator. It could be very embarrassing and costly to the show to cancel an event that the Blue Angels Events Coordinator did not approve.**

****Post flight debriefs take approximately two hours. Please take this into account when scheduling Blue Angel arrival at your function. A good rule-of-thumb for a 1500 show start time is a 1900 social function arrival time.**

Show Site: _____

LITHO LIST

1. **Twenty-five (25)** names for lithograph photographs. Names will be personalized in calligraphy on the top of the photos, please keep titles/names brief and please double check all titles and spellings. List due 60 days prior.

Note: Please type names below.

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | |

Show Site: _____

THANK YOU LIST

We would like to thank those who assist in the Blue Angels portion of the show with a letter from the Commanding Officer, "Boss". This list must be sent to the Assistant Events Coordinator no later than 30 days prior to the arrival of the Narrator. Please include full name and address including zip code. **FOR ALL MILITARY PERSONNEL PLEASE PROVIDE THEIR COMMANDING OFFICER'S COMPLETE POSITION TITLE (IE: COMMANDING OFFICER NAVY FLIGHT DEMONSTRATION SQUADRON)**

NOTE: FOR COMPLETE ACCURACY, PLEASE TYPE.

1. **Air Show Coordinator:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

2. **Blue Angels Liaison:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

3. **Maintenance point of contact:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

4. **Publicity point of contact:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

5. **Civilian Police point of contact:**(Mr./Mrs./Ms.) _____

Name of Police Station or Department: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

6. **Hotel point of contact:**(Mr./Mrs./Ms.) _____

Name of Hotel: _____

Address: _____

Show Site: _____

7. **Social function host:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

8. **Social function host:**(Mr./Mrs./Ms.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

9. **Courtesy car dealer:**(Mr./Mrs./Ms.) _____

Name of Dealership: _____

Address: _____

10. **Athletic Facility Manager:**(Mr./Mrs./Ms.) _____

Name of Athletic Facility: _____

Address: _____

11. **Medical point of contact:**(Mr./Mrs./Ms. Dr.) _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

12. **Navy Recruiter:**(Rank (i.e. AMS1(AW)): _____

Recruiting District: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

13. **Marine Corps Recruiter:**(Rank (i.e. SSgt): _____

Recruiting District: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

Show Site: _____

Please keep thank you letters to a minimum without leaving out key personnel. On numbers 14-16, please include a short justification of the services the individual performed in relation to the Blue Angels portion of your air show.

14. **Extra Name:**(Mr./Mrs./Ms.) _____

Function or Capacity: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

15. **Extra Name:**(Mr./Mrs./Ms.) _____

Function or Capacity: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

16. **Extra Name:**(Mr./Mrs./Ms.) _____

Function or Capacity: _____

Address: _____

Rank: _____ Branch of Service: _____ VIA: _____

Show Site: _____

#7's ADVANCE MEETING CHECKLIST

1. **The following checklist will be used by the #7 (The Narrator) and the Events Coordinator** to double check all the requirements prior to #7's arrival at the show site. The air show should complete the checklist 30 days prior to #7's arrival and e-mail it to the Events Coordinator's office. **This is your final overall view to ensure the many items are complete and available prior to the teams' arrival.** It is a good tool to make sure nothing has been overlooked.

- a. Schedule:
 - (1) Briefly review the schedule for the weekend.
 - (2) Provide Events Office and #7 with a complete air show schedule of events: YES / NO
 - (3) Provide Events Office and #7 with commercial/civilian airline schedules: YES / NO
 - (4) Provide #7 with twenty copies of air show programs and posters: YES / NO
 - (5) #7's arrival day and time: _____
 - (6) #7's arrival brief time and location: _____
 - b. Key Influence and Media rides: Day_____ Times: _____(normally sked at 1300, 1430, and 1600)
 - c. C-130 arrives and unloads (Date and time) _____
 - d. Demo jets arrive and conduct media upon arrival (Date and time) _____
 - (1) Times for Circle Maneuvers 1-4: _____
 - (2) Times for Circle Maneuvers 5/6: _____
 - (3) Times for Thursday practice _____
 - (4) Times for Friday practice _____
 - (5) Times for Saturday demo _____
 - (6) Times for Sunday demo _____
 - e. Performer's (FAA) brief DAYS / TIMES and LOCATION: _____
 - f. TFR times (each day): _____
 - g. Waiver times (each day): _____
 - h. Gate open times (each day): _____
 - i. Show start times (each day): _____
 - j. Sunset: _____
 - k. Other Performers: _____
2. Automobiles:
- a. Inventory
 - (1) 4 door sedans or SUVs (18 / 22 / 26): YES / NO
 - (2) Courtesy / Rental / Mixture: _____
 - (3) (10) Mini-Vans: YES / NO
 - (4) (1) 4-door Crew cab pick-up truck with an 8' bed: YES / NO
 - (5) (2) 15-passenger van: YES / NO
 - (6) (1) Additional 15-passanger van if VIP section more than ¼ mile from show parking: YES / NO
 - (7) Parked next to C-130 offload area/maintenance hangar NLT 0730 Thursday morning: YES / NO
 - (8) Keys placed in the visors: YES / NO
 - (9) Two cars for the Narrator's arrival: YES / NO
 - (10) Cars at least one-half full of gas with local maps in #7's vehicle: YES / NO
 - (11) Blue Angel decals on the windshield will be accepted for flight line access: YES / NO

Show Site: _____

3. Maintenance:

a. Hangar

- (1) Maintenance equipment storage location: _____
- (2) Aircraft hangar location: _____
- (3) POC: _____
- (4) Cell Phone: _____
- (5) Clear area next to maintenance hangar to offload on arrival and upload Sunday after demo: YES / NO
- (6) Keys/Codes to maintenance facility provided to #7 upon arrival: YES / NO

b. Smoke oil and Fuel

- (1) Smoke oil staged next to maintenance hangar prior to #7 arrival: YES / NO
- (2) Smoke oil requirements (55-gallon Drums): (Circle appropriate amount)
WEEKEND SHOW (Thursday thru Sunday)- (20), 55-gallon drums.
SATURDAY SHOW ONLY (Thursday thru Saturday)- (15), 55-gallon drums.
SUNDAY SHOW ONLY (Friday thru Sunday)- (15), 55-gallon drums.
REMOTE SHOW/LONG TRIP - (30), 55-gallon drums.
*******Smoke oil shall be paid for by the air show*******
- (3) Fuel: JP-5 JP-8 JET-A JET-A1
- (4) (1) One Defuel truck available Thursday – Sunday: YES / NO
- (5) (3) Three single point refuelers with 5,000 gallon capacity each available: YES / NO
- (6) Trucks need to be available immediately after each practice or air show. Three trucks for morning turns: YES / NO
- (7) Three trucks after landing: YES / NO
- (8) GSE: All units available for our use only and staged near the C-130 parking area/maintenance hangar prior to #7's arrival. YES / NO
- (9) Five gallons of unleaded gasoline staged next to maintenance hangar prior to #7 arrival: YES / NO
- (10) Aircraft Fuel quantity requirement planning:
 - (a)Demonstration aircraft: (Blue Angels 1 through 6)
Weekend show (Thurs-Sun).....40,000 Gallons
Saturday show (Thurs-Sat).....34,000 Gallons
Sunday show only (Thurs-Sun).....28,000 Gallons
 - (b) Blue Angels C-130 "Fat Albert" support aircraft:
Normal requirements.....4,600 Gallons

4. Recruiting:

a. Escorts:

- (1) Navy and Marine Corps recruiters available at 0745 Friday morning in the hotel lobby for high school and hospital visits: YES / NO
- (2) Recruiters available after demo on Saturday & Sunday for autograph support: YES / NO
- (3) Navy and Marine recruiters at #7's arrival brief: YES / NO

5. Public Affairs:

a. Publicity

- (1) Publicity POC: _____ Phone: _____
- (2) List of VIPs planned to meet and greet the team upon arrival provided to events office: YES / NO
- (3) Media informed and scheduled for Arrival Day media in front of the jets: YES / NO
- (4) Keep all media and spectators back from the jets: YES / NO

b. Special interest groups

- (1) Scheduled for Friday after the practice: YES / NO Quiet time will be provided: YES / NO
- (2) Special interest group POC: _____ Cell Phone: _____
- (3) Total # of special interest children: _____ Total # of people: _____

c. Sound System

- (1) PA system set up for the Friday practice: YES / NO
- (2) Sound Company Name: _____ POC: _____ Phone: _____

Show Site: _____

6. Key Influence and Media Flights:

a. POC: _____ Cell: _____

- (1) Number of riders: _____
- (2) All riders notified to arrive for group pre-flight safety briefing: YES / NO
- (3) Three individual flight plans for all rides: VFR / IFR / SID: YES / NO
- (4) Flight plans filed prior to #7's arrival (DD-175 for military/1-800-WX-Brief for civilians): YES / NO
- (5) Operational area (MOA): _____
- (6) Directions to/coordinates for operational area: _____
- (7) Distance to operational area within 50 NM: YES/NO
- (8) Date operational area reserved: _____
- (9) Time operational area reserved: _____ TO _____
- (10) Size of operational area (20 NM long; surface to 15,000 AGL minimum): YES / NO
- (11) Frequency: _____ Squawk: _____
- (12) Low transition and high performance climb approved on take-off: YES / NO
- (13) Carrier Break (800' AGL Overhead) approved: YES / NO
- (14) Starting and electrical units available for media flights: YES / NO

7. Security:

a. POC: _____ Cell: _____

- (1) Security has briefed all of their personnel on Blue Angels Friends & Family passes, car decals and ramp access prior to #7's arrival: YES / NO
- (2) Official Blue Angel vehicle car decals will serve as all-access passes: YES / NO
- (3) Crowd control barrier in place before the practice Friday: YES / NO
- (4) One security person to escort each pilot (nine total) at the crowd line Saturday and Sunday: YES / NO
- (5) #7 jet and C-130 security: (24 hour) YES / NO
- (6) Security for all Blue Angel aircraft: YES / NO
- (7) For military bases, security ready for caravan turnover (from local civilian police): YES / NO

b. 300 Friends & Family Seats: YES / NO

- (1) Marked Blue Angel Friends & Family seating area: YES / NO
 - (2) Friends & Family seating area directly opposite centerpoint: YES / NO
 - (3) One security person to watch the area and ensure that only those personnel with the proper passes are admitted: YES / NO
- ALL Blue Angel Friends & Family passes will state which day is applicable for the show.**

8. Lodging and Police Escort:

a. Hotel Sales POC: _____ Phone: _____

- (1) Rates: Single _____ Double _____
- (2) County hotel is located: _____
- (3) Two singles for #7 and 7 crew chief for early arrival day (normally Wednesday): YES / NO
- (4) Non-smoking room for all Blue Angels, unless specifically requested: YES / NO
- (5) #7 will pick-up keys at 0730 Thursday morning: YES / NO
- (6) Complete rooming list provided with room keys: YES / NO
- (7) Keys keyed for late check-out (2 pm on departure day (usually Sunday)): YES / NO
- (8) Separate bills for double rooms: YES / NO
- (9) Complimentary high-speed in room internet: YES / NO WI-FI or Ethernet: _____
- (10) ATM in the hotel: YES / NO
- (11) Parking pass required: YES / NO
- (a) If yes, passes available for the Narrator at the arrival meeting: YES / NO

b. Police escort POC: _____ Phone: _____

- (1) Number of police cars: _____ bikes: _____ in the caravan.
- (2) Escort needed for Maintenance personnel: YES / NO

9. Athletic Facility:

a. Fitness Facility Name: _____

- (1) Team usage verified: YES / NO
- (2) Distance from hotel to fitness facility: _____

Show Site: _____

10. FAA / Waiver:

- a. Waiver signed: YES / NO
 - (1) Congested area waiver request included in Certificate of Waiver: YES / NO
 - (2) Waiver times (each day): _____
 - (3) Fly a flat show with weather down to 1000/3: YES / NO
 - (4) NOTAMS issued for all waived times: YES / NO
 - (5) FAA representative invited to meet the team and attend the Friday practice brief: YES / NO
 - (6) Scheduled civilian arrival and departures de-conflicted: YES / NO
 - (7) Temporary Flight Restrictions issued for all waiver times: YES / NO
 - (8) Areas/buildings evacuated: _____
 - (9) No movement; people, vehicles and crash trucks pulled back: YES / NO
 - (10) Road closures: YES / NO Where: _____ When: _____

11. Parking:

- a. 1-6 Arrival and show parking the same: YES / NO
- b. If not the same, when will jets shift to Show parking (preferably they recover to show parking after the Thursday practice): _____
- c. Any closed runways or taxiways: YES / NO
- d. FOD sweep area around jets before each flight: YES / NO
- e. FOD sweeps planned after pyro/Harrier flights/etc: YES / NO
- f. Arresting gear rig & de-rig game plan discussed with #7: YES / NO

12. Misc:

- a. Inform tower that a runway truck will follow the jets to and from the runway: YES / NO
- b. Blue Angels representative will be in the tower with a radio during all Blue Angels flights (arrival included)
- c. Blue Angels personnel will conduct an "8-Man" photo session for Blue Angels' guests by the jets immediately following designated practices and demonstrations on Friday and Saturday (and Sunday during long trips). Security briefed on maintaining crowd line integrity until complete: YES / NO
- d. Appendix (S) List depicting all obstructions above 150' AGL out to 5 NM faxed to Events Office 30 days prior and given to #7 upon his arrival: YES / NO **[REQUIRED]** (these should be given in magnetic bearing / distance in nautical miles from centerpoint)
- e. Controlled Ejection Area: Location: _____
- f. Parking reserved at briefing room and mandatory commit for all Blue Angel vehicles: YES / NO
- g. For over-water shows, prepared to set Centerpoint and Crowd Right Boat (usually NLT Thursday 0700-0800): YES / NO
- h. Two-way radio communication between Helicopter and boats provided: YES / NO
- i. Ability for boats to maintain an accurate GPS position provided: YES / NO

13. #7's Arrival Checklist:

- | | |
|---|--|
| (1) Waiver signed: _____ | (8) Security point of contact: _____ |
| (2) Show line and center point in position: _____ | (9) Briefing room set up: _____ |
| (3) Check runway and taxiway conditions: _____ | (10) Location of crowd center point for video: _____ |
| (4) Yellow gear and smoke oil in position: _____ | (11) Arresting gear de-rigged: _____ |
| (5) Brief tower supervisor: _____ | (12) Directions to the hotel and commitments: _____ |
| (6) Taxi directions for Boss: _____ | (13) Cars in position (keys, maps & stickers): _____ |
| (7) Parking area marked: _____ | (14) Brief set up for crash crew: _____ |

Show Site: _____

SUPPORT MANUAL COMPLIANCE CERTIFICATE

The Navy Flight Demonstration Squadron (Blue Angels) takes pride in appearing in air shows each year throughout North America. However, on occasion, cancellations are necessary for a variety of reasons, including, but not limited to, weather conditions, other safety considerations (including safety stand-downs) and budgetary constraints. These occurrences can happen at any time, with little or no warning. Every effort will be made to give as much advance notice as possible; however, when cancellations occur, neither the Blue Angels nor the Department of the Navy is responsible for any costs associated with any aspect of the air show. These costs include, but are NOT limited to: fuel, smoke oil, ground support equipment, arresting gear, hotels (outside of separate cancellation agreements), vehicles, etc.

This certifies that I have read the entire Blue Angels Support Manual 2012 and will comply with all specifications mentioned within unless specifically designated in writing by the Blue Angels Events Coordinator.

Air Show Coordinator: _____

Air Show: _____

Signature: _____

Date: _____