

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. All deviations from these appendices must be briefed to the Events Office and approved.

DUE DATES:

ITEMS TO BE COMPLETED IN FULL:

Prior to preseason visit

- Artificial show line proposal (if required)
- 1st draft of airfield diagram printed and ready for review

3 weeks prior to preseason visit

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

7 days after preseason visit

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

90 days prior to team's arrival

- Appendices E, F, G, H, I, J, and K
- (E) Maintenance Support Checklist
- (F) Operations Checklist
- (G) C-130 Fat Albert Support Checklist
- (H) FAA Waiver Application and Checklist
- (I) Personnel Support Checklist
- (J) Media Rider Nominee Form
- (K) Key Influencer Nominee Form and Biography
- Review appendices with Assistant Events Coordinator. Highlight any items that are TBD and follow up when information is known

60 days prior to team's arrival

- Appendices L, M, N, and O
- (L) Airfield Diagram Checklist / 3x5 airfield diagram
- (M) Community Outreach Support Checklist and Outreach Event Visit Request
- (N) Social Function Checklist
- (O) Litho List

30 days prior to team's arrival

- Appendices P, Q, and R
- (P) Thank You List
- (Q) #7's Advance Meeting Checklist
- (R) F/A-18 Rider Letter and Medical Questionnaire
- Copy of approved FAA waiver e-mailed to events office.
- TFR application e-mailed to events office
- Demonstration fee (\$6,000.00 per air show day) mailed to Events Office
- Current copy of commercial arrival/departure schedule emailed 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 (WINTER) VISIT CHECKLIST

1. General Information:

- a. Air Show Official Title: _____
- b. Air Show City: _____
- c. Air Show Official Show Dates: _____
- d. Date of last show at this site: _____
- e. Any comments from the Airshow Committee regarding last show: _____

f. Any changes/improvements recommended for the upcoming show: _____

- g. Airfield Complete Name and 3 Letter Identifier: _____
 - (1) Runway length and width: _____
 - (2) If Remote show, demo site location: _____
 - (3) Any airfield construction taking place between the preseason visit and show dates: Yes No
If yes: type of construction and date of completion: _____
 - (4) Arresting gear on-site: Yes No Type: _____
If NO, nearest arresting gear (Nautical Miles): _____
 - (5) Air Show Time zone: _____

- h. Preseason Visit
 - Arrival Day: _____ Arrival time: _____
 - Meeting Day: _____ Meeting time: _____
 - Departure Day: _____ Departure Time: _____

i. Media plans upon arrival: _____

j. Preseason Visit briefing room location: _____

Coordinator and Blue Angels 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. 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 & Phone: _____
Fitness Facility is willing to provide complimentary usage of facility: YES NO
If NO, Fees: _____
Fitness Facility Hours:
(Mon-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)

Show Site: _____

3. Operations:

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.

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: _____
Alternate Phone: _____
Email: _____

b. Blue Angels Liaison: _____
Cell: _____
Alternate Phone: _____
Email: _____

c. FAA Air Show Monitor: _____
Cell: _____
Alternate Phone: _____
Email: _____

d. Maintenance POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

e. Security POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

f. Crash Crew POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

g. Publicity POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

h. Airport Manager/Ops Officer: _____
Cell: _____
Alternate Phone: _____
Email: _____

Show Site: _____

i. Coast Guard POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

j. Hotel Manager: _____
Cell: _____
Alternate Phone: _____
Email: _____

k. Civilian Police POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

l. USN Recruiting POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

m. USMC Recruiting POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

n. Airfield Tower Supervisor: _____
Cell: _____
Alternate Phone: _____
Email: _____

o. Fuel POC: _____
Cell: _____
Alternate Phone: _____
Email: _____

p. Transportation POC: _____
Cell: _____
Alternate Phone: _____
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 Influencer 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: _____

Appendix (D)

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 2016 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: _____

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. Forty (40) cases of bottled water for Maintenance Hangar: YES NO
- u. Two (2) cases of bottled water for Communications Cart Personnel: YES NO

Show Site: _____

Appendix (E)

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- (25), 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) Center point latitude, longitude and elevation. **Format is Degrees, Minutes, Seconds (not decimal minutes).**
N: _____ W: _____ Elev: _____
- (8) Dimensions (Height, Length and Width in feet): _____
- (9) Color: _____
- (10) Positioned exactly perpendicular to the runway show line: YES NO
- (11) 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) Center point latitude, longitude and elevation. **Format is Degrees, Minutes, Seconds (not decimal minutes).**
N: _____ W: _____ Elev: _____
- (9) Dimensions (Height, Length and Width in feet): _____
- (10) Color: _____
- (11) Positioned exactly perpendicular to the artificial show line: YES NO
- (12) 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) Center point latitude, longitude and elevation. **Format is Degrees, Minutes, Seconds (not decimal minutes).**
N: _____ W: _____ Elev: _____
- (4) White crowd right vessel slightly smaller than center point vessel (60' length minimum): YES NO
- (5) Type / Dimensions (Height, Length and Width in feet): _____
- (6) 500' show line description and markers: _____
- (7) Both boats in position prior to #7's check flight: YES NO
- (8) Marine VHF and Coast Guard representative available at center point during all flying: YES NO
- (9) Aerobatic box must be sterile 30 minutes prior to flight: YES NO
- (10) A box 1NM along show line, either side of center point and 1500' inboard and outboard of the show line, sterile of boats and swimmers: YES NO
- (11) Planned Magnetic headings of show line: _____ crowd left / _____ crowd right
1200' / 1500' or OTHER from the crowd: _____

Show Site: _____

(12) 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 $\frac{3}{4}$ 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

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) Type: _____

(2) 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

Show Site: _____

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
- (2) One (1) extra briefing room (nearby) set up with a table and two (2) chairs: YES NO
- (3) Exclusive use of brief room from #7's arrival to team departure: YES NO
- (4) Two (2) keys for brief room given to #7 upon his arrival: YES NO
- (5) Two (2) Large (30 gallon or greater) trash cans available: YES NO
- (6) Brief room location: _____
- (7) Parking for 12-15 vehicles roped off out front of briefing room: YES NO
- (8) High-speed internet and **PRINTING** capability available: YES NO
- (9) Copy machines available: YES NO
- (10) Phone number for brief room: _____

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. Will social Functions require a 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. 500' clearance behind Blue Angel aircraft: YES NO
- b. 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 teams arrival, #7 will meet with the entire air show committee, including the FAA monitor.

Show Site: _____

Appendix (F)

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 FAT ALBERT 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 WAIVER APPLICATION AND CHECKLIST

1. FAA:

a. FAA Waiver application located online: <http://www.faa.gov/documentlibrary/media/form/faa7711-2.pdf>

b. 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
- (2) Arrival maneuvers, practice demonstrations, flight demonstrations, and C-130 demonstrations included on the waiver: YES NO
- (3) FAR 91.117(a)(b), 91.119 (b)(c), and 91.303 (c)(d)(e), annotated on waiver: YES NO
- (4) Five (5) or seven (7) nautical mile radius from **show center point**, and 15,000 feet **above ground level** (AGL) annotated on the waiver: YES NO
- (5) Congested area waiver request submitted with application: YES NO (To include 200' **AHO** ingress/egress within 3 NM on run-in lines).

c. 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)

d. Schedule

- (1) Agree to forward a copy of the approved waiver and TFR application no later than 30 days prior to arrival: YES NO
- (2) NOTAMS will be issued: YES NO Date issued: _____
- (3) TFR will be 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: (1hr Circle Maneuvers 1-4) Times: _____

Date: _____ Flight: (1hr Circle Maneuvers 5/6) Times: _____

Date: _____ Flight: (1hr Delta Practice) Times: _____

Date: _____ Flight: (15min Circle Maneuvers Fat Albert) Times: _____

Friday / Saturday / Sunday:

Date: _____ Flight: (15min Fat Albert Practice or show) Times: _____

Date: _____ Flight: (1hr Delta Practice or show) Times: _____

Show Site: _____

PERSONNEL SUPPORT CHECKLIST

1. Transportation:

- a. Type of vehicles provided, RENTAL COURTESY or BOTH
- b. All vehicles (including courtesy) fully insured by air show: YES NO
- c. Two vehicles staged for #7's early arrival: YES NO
- d. All vehicles staged near the maintenance hangar no later than 0800 the day the C-130 arrives: YES NO
- e. Blue Angel vehicle stickers act as all access flight line access: YES NO
- f. Tanks at least one-half full: YES NO
- g. 15 18 21 full size 4 door sedans or SUVs: YES NO (Mark one)
- h. Ten (10) mini-vans: YES NO
- i. Two (2) 15-passenger vans. YES NO
- j. One (1) **six passenger, FULL 4 door, minimum 6' bed crew cab pick-up**: YES NO (bed should be lined, no canopy, completely empty and no tool box installed)
- k. 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

2. 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: _____

3. Athletic Facility:

- a. Facility Name: _____
- b. Facility Front Desk phone: _____
- c. Address: _____
- d. POC & Phone: _____
- e. Fees (if any): _____
- f. Available equipment: _____
- g. Hours of operation (Mon-Sun) _____
- h. Towels provided: YES NO
- i. Facility notified of Blue Angel use throughout our stay: YES NO
- j. 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.

4. 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: _____

MEDIA RIDER NOMINEE FORM

***The media rider will be expected to cover the Key Influencer rides taking place prior to their media orientation flight. ** The checklist below will be used to select (1) one primary media rider and (1) alternate media rider. The primary rider will fly on the same day as the Key Influencer riders. The alternate rider is expected to be ready to fill in if needed.

(Please type or write legibly and be sure to include area code and phone number)

1. Media Rider nominees (Must be credentialed media):

DATE OF FLIGHT: _____

SHOW SITE: _____

NOMINEE #1

Age____Height____Weight____Jacket Size_____

Medical History

Biography

NAME: _____

PHONE: _____

EMAIL: _____

AFFILIATION: _____

CITY:_____STATE: _____

VIEWERSHIP/LISTENERSHIP: _____

MUST BE A NUMBER OF PEOPLE REACHED

TWITTER: _____

FACEBOOK: _____

INSTAGRAM: _____

PERISCOPE: _____

NOMINEE #2

Age____Height____Weight____Jacket Size_____

Medical History

Biography

NAME: _____

PHONE: _____

EMAIL: _____

AFFILIATION: _____

CITY:_____STATE: _____

VIEWERSHIP/LISTENERSHIP: _____

MUST BE A NUMBER OF PEOPLE REACHED

TWITTER: _____

FACEBOOK: _____

INSTAGRAM: _____

PERISCOPE: _____

Show Site: _____

NOMINEE #3 Age _____

Height _____ Weight _____ Jacket Size _____

Medical History _____ Biography _____

NAME: _____

PHONE: _____

EMAIL: _____

AFFILIATION: _____

CITY: _____ STATE: _____

VIEWERSHIP/LISTENERSHIP: _____

MUST BE A NUMBER OF PEOPLE REACHED

TWITTER: _____

FACEBOOK: _____

INSTAGRAM: _____

PERISCOPE: _____

NOTES:

** Riders **MUST NOT** have flown with the Blue Angels, or any other military demonstration team before. Contact the Public Affairs Office at 850-452-3955, if questions arise.

** Riders are required to bring their own 16 GB thumb drive, or external hard drive to obtain their flight video.

** The Blue Angels Events Office will determine the day and time of all 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.

** **The media rider will be expected to cover the Key Influencer rides taking place prior to their media orientation flight.** Blue Angels Public Affairs will be able to offer information for marketing and publicity.

2. Signature:

Air Show Publicity Coordinator

NOMINEE #4 Age _____

Height _____ Weight _____ Jacket Size _____

Medical History _____ Biography _____

NAME: _____

PHONE: _____

EMAIL: _____

AFFILIATION: _____

CITY: _____ STATE: _____

VIEWERSHIP/LISTENERSHIP: _____

MUST BE A NUMBER OF PEOPLE REACHED

TWITTER: _____

FACEBOOK: _____

INSTAGRAM: _____

PERISCOPE: _____

Show Site: _____

KEY INFLUENCER NOMINEE FORM AND BIOGRAPHY

- Show Site:**
- Nominee Name:**
- Birth Date:**
- Primary and Alternate Phone Number:**
- Email Address:**
- Current Occupation:**

INSTRUCTIONS:

- 1) Return this completed form.
- 2) Provide a **one-page** biography for the nominee. Key items we look for when selecting our Key Influencers are, but are not limited to:
 - **Their CURRENT community involvement**
 - **Nominee’s area of impact (i.e. location(s), age groups, overall number of people, etc.)**

Key Influencer is defined as people who help to shape attitudes and opinions of youth in their communities. People turn to Key Influencers for advice and information because they have credibility. They may be experts in their field, public figures, leaders of youth organizations, teachers, guidance counselors, or school administrators. They are not always the person at the top of an organization, but have a strong impact on recruiting age youth and/or a specific target audience. Good examples of local community Key Influencers include: university presidents, area organizers of youth athletics, society award winners, school board members, high school principals, coaches, and leaders of diversity groups. Flying these deserving candidates, in cooperation with media presence, will promote the Navy and Marine Corps as professional and exciting organizations with which to serve. **Elected officials, freelance reporters and photographers are NOT eligible.**

****PLEASE NOTE:** If your nominee has flown with the Blue Angels, or any other military organization in the past, they will not be eligible. All selections are contingent upon final medical approval by our Blue Angels Flight Surgeon. ******

Does this nominee have any affiliation with the Blue Angels, CNATRA, or the Air Show Industry (including sponsorship?) Yes No
If yes, please explain affiliation:

Will this nominee be willing to provide feedback on the KI Rider experience? Yes No

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 (M) with the diagram). The diagram needs to be oriented from the **crowd perspective**, not North up. **All latitudes and longitudes must be accurate to the nearest second. Format is Degrees, Minutes, Seconds (not decimal minutes).**

- a. Show line
 - (1) Information same as Appendix F? YES NO Changes: _____
- 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: _____
- 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: _____

Show Site: _____

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: _____

COMMUNITY OUTREACH SUPPORT CHECKLIST

1. Navy Recruiting

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

2. Marine Corps Recruiting

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

- 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. COMMUNITY OUTREACH EVENT INFORMATION:
 - a. Submitted Community outreach forms to events office: YES NO

Show Site: _____

Outreach Event Visit Request:

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

(2) Date of visit: _____

(3) Scheduled visit time (normally 0830-0930 / 1130-1230 at airfield): _____

(4) If applicable, schools first period start and end times: _____

(5) Hotel departure time: _____

(6) Driving time from hotel to outreach event 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) Event POC (first and last name): _____

(13) Phone: _____ / Cell: _____

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

I certify the outreach site is ready and willing for a Blue Angels visit and all personnel associated with the visit will be in place, on time, with the appropriate multimedia set up prior to the Blue Angels arrival.

Recruiter

Event POC

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 (mark 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 (mark 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: _____

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 (mark 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 1½ 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 an 1830 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: _____

Show Site: _____

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

Name of Hotel: _____

Address: _____

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: _____

Show Site: _____

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: _____

Please keep thank you letters to a minimum without leaving out key personnel. On numbers 14-15, 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: _____

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 (15 18 21): 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-passenger van if VIP section more than ¼ mile from show parking: YES NO N/A
- (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

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

Show Site: _____

- (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.
 - ONE SHOW ONLY (Thursday thru Saturday)- (15), 55-gallon drums.
 - SUNDAY SHOW ONLY (Friday thru Sunday)- (15), 55-gallon drums.
 - REMOTE SHOW/LONG TRIP - (25), 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
 - (b) Blue Angels C-130 "Fat Albert" support aircraft:
Normal requirements.....4,600 Gallons

4. Community Outreach and Recruiting:

- a. Escorts:
 - (1) Navy and Marine Corps recruiters available at 0745 Friday morning in the hotel lobby for community outreach events 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: _____

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

Show Site: _____

- (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: _____
- (12) Low transition and high performance climb approved on take-off: YES NO
- (13) Carrier Break (800' AGL Overhead) approved: 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.**
 - (4) Friends & Family seating area ready on Friday's practice: YES NO

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: _____

Appendix (R)

F/A-18 RIDER LETTER AND MEDICAL QUESTIONNAIRE

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) 452-4175 or in El Centro, CA at (760) 339-2508 (January – March). Have a great time!

Sincerely,

Joseph D. Schwartz, M.D.
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 Events Office at (850) 452-2067. 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 30 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 a physician (M.D. or D.O.), a Nurse Practitioner, or a Physician Assistant 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 valsalva, 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 30 DAYS PRIOR TO YOUR FLIGHT, YOU WILL BE DISQUALIFIED

Show Site: _____

Name _____
Day/Work Phone Number () _____
Alternate Phone Number () _____

Organization _____
Show site _____
Email _____

Medical History

Press Credentials

Age _____ Height _____ Weight _____ Jacket Size _____

Do you have now, or have you ever had:

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

Show Site: _____

Appendix (R)

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 _____