

PERSONNEL SUPPORT CHECKLIST

1. Transportation:

- a. Type of vehicles provided, RENTAL      COURTESY      or BOTH
- b. All vehicles (including courtesy) fully insured by air show:
- c. Two vehicles staged for #7's early arrival:
- d. All vehicles staged near the maintenance hangar no later than 0730 the day the C-130 arrives:
- e. Blue Angel vehicle stickers act as all access flight line access:
- f. Tanks at least one-half full:
- g. Full size 4-door sedans or SUVs
  - 17 (Standard trip before 11 Sep)
  - 20 (Long trip before 11 Sep / Standard trip after 11 Sep)
  - 23 (Long trip after 11 Sep)
- h. Ten (10) mini-vans:
- i. Two (2) 12 or 15-passenger vans:
- j. One (1) **six passenger, 2500 series or 3/4 ton truck, FULL 4 door, minimum 6' bed, crew cab pick-up:**  
(bed should be lined, no canopy, completely empty and no tool box installed)
- k. One (1) additional 12 or 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:

2. 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:
- i. Facility notified of Blue Angel use throughout our stay:
- 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.

3. Friends & Family Seats:

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

4. Medical:

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