



**NINTH NY FIELD ARTILLERY REGIMENT**  
VETERAN CORPS OF ARTILLERY  
STATE OF NEW YORK  
US ARMY GARRISON FORT HAMILTON  
PO BOX 90845, BROOKLYN, NEW YORK 11209

**LETTER OF REQUEST FOR VCASNY SERVICE**

The following form shall be used by organizations to request services by the Veteran Corps of Artillery of the State of New York. Please fill out / scan and return form to the VCASNY at [missions@vcasny.org](mailto:missions@vcasny.org)

**Requesting Organization:** \_\_\_\_\_

**Name and purpose of event:** \_\_\_\_\_

**Date of event:** \_\_\_\_\_ (Submit form at least fourteen (14) days prior to event)

**Start time of event:** \_\_\_\_\_ **End time of event:** \_\_\_\_\_

**Reporting Address:** \_\_\_\_\_

**City State Zip:** \_\_\_\_\_

**Expected attendance:** \_\_\_\_\_

**Other military units in attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_

**Does the event have backing of local government?**       YES       NO

**Have you applied for and received appropriate permits?**       YES       NO

**Is the detail inside or outside?**       INSIDE       OUTSIDE

**If outside, is there a weather contingency? Where?** \_\_\_\_\_

**Type of venue (e.g. hall, arena, field, stage, church, tent):** \_\_\_\_\_

**Changing and Restroom location for detail?** \_\_\_\_\_

**Parking location for detail?** \_\_\_\_\_

**Will refreshments / beverages be provided for detail?**       YES       NO

**Is there a need to have flags posted?**       YES       NO

**If so, what flags and how many?** \_\_\_\_\_

**Ceremonial Rifle Party required?**       YES       NO

**Civilian Point of Contact:**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please check which VCA units are requested:**

Color Guard: \$500.00

Field Music: \$250.00

Firing Battery: \$1,100.00

Approximate number of rounds: \_\_\_\_\_ @ \$35 per round

**Total cost:** \$ \_\_\_\_\_.

We understand that the fees for services of the Veteran Corps of Artillery of the State of New York are independent of one another. Other fees may apply; visit <http://www.vcasny.org/mission-request/> for details.

Fees may be waived for certain requests from VSO's and other military/veterans related events/organizations.

We request a fee waiver. Reason: \_\_\_\_\_

Should the VCA approve this request, payment shall be made via credit card or Paypal at <http://www.vcasny.org/mission-request/> no later than two business days after request approval.

If electronic payment option is not available, remit the required fee by check or money order payable to "VCASNY" to an address provided by the VCASNY.

- Uniform of the Day will be determined by the VCASNY Officer in Charge of the detail
- Requesting organizations are responsible for securing all required permits (e.g. FDNY, NYPD, etc.) No refund will be issued for permits not in order. Cost of permits is the responsibility of requesting organization.
- All payments are charitable tax donations