



Unit Shower Assistance Request

FRO/Command Representative

Name: _____

Position: _____

Duty Station: _____

Branch of Service: _____

Command: _____

Telephone Number: _____

Email Address: _____

Shower Information

Date of Shower: _____ Time of Shower: _____

Location of Shower (Address, City, State and Zip): _____

Are OSOA volunteers needed for this shower (Y/N): _____

Moms Participating in Shower

Mom and Dad's Name	Rank	Due Date	Sex of Baby
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I understand that; by submitting this application I acknowledge that Operation Showers of Appreciation is not obligated to purchase or donate items for families within my command. I acknowledge that by receiving donations from OSOA, I will not attempt to resell or return any items donated to me without contacting an OSOA representative and all items donated will go to families within my command. I will provide Operation Showers of Appreciation, photos of our unit shower once the event has taken place. I certify that all information provided is true, correct and complete.

Service Member's Signature (Rank, Last, First)

Date

Please e-mail this application to info@OSOAmil.org. A member of our team will contact you when it's received. www.osoamil.org