



McEntire Joint National Guard Base Tour Request



Group Name: _____

Group Point of Contact: _____

Address: _____

E-Mail Address: _____

Cell : _____ **Work:** _____ **FAX:** _____

Date Requested: _____ **Alternate Date:** _____

Age/Grade: _____

Arrival Time: _____ **Departure Time:** _____

Specific Tour Location Request: _____

Number of People in Group: _____ *(Policy: Minimum 10, Maximum 40)*

Tour Justification: _____

*Send form at least 30 days in advance of requested tour date to
169th Fighter Wing Public Affairs email: usaf.sc.169-fw.mbx.Public-Affairs@mail.mil.*

For 169FW/PA Use Only:

Date Received: _____ **Approved/Disapproved:** _____

Informed of ground rules: _____

<u>Event/Activity</u>	<u>Time</u>	<u>Request sent</u>	<u>Confirmed/POC</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____