

**Headquarters, Pennsylvania Wing, Civil Air Patrol
United States Air Force Auxiliary**

REQUEST FOR TOURS / VISITS

NAME OF UNIT REQUESTING TOUR:		UNIT NO:
DATE OF REQUEST:	TOUR REQUESTED:	
SIGNATURE OF UNIT COMMANDER:		
PRINT NAME OF UNIT COMMANDER:		

DATE OF TOUR: LEAVING	RETURNING:	
DEPARTING FROM:	RETURNING TO:	
NUMBER OF SENIORS:	MALE:	FEMALE:
NUMBER OF CADETS:	MALE:	FEMALE:
TOTAL NUMBER ATTENDING TOUR:		

TYPE OF TRANSPORTATION REQUESTED:

IF AIRLIFT OR OTHER USAF TRANSPORTATION IS NEEDED, GIVE ALTERNATE DATES:

BILLETING DESIRED:	NUMBER OF NIGHTS:
MESSING ON BASE:	NUMBER OF MEALS:
SPECIFY DATES AND TIMES MEALS WILL BE NEEDED:	
SPECIAL CONSIDERATIONS, EXPLAIN:	

SIGNATURE OF UNIT COMMANDER:	DATE:
SIGNATURE OF GROUP COMMANDER:	DATE:
PRINTED NAME AND GRADE OF GROUP COMMANDER:	

FORM MUST BE SUBMITTED TO WING AT LEAST 45 DAYS PRIOR TO TOUR / VISIT DATE

TO BE COMPLETED BY WING HEADQUARTERS

DATE REQUEST RECEIVED:

RECEIVED BY:

MILITARY SUPPORT AUTHORIZATION NEEDED:

YES

NO

APPROVED

DISAPPROVED

DATE:

SIGNATURE OF WING COMMANDER:

DATE:

DATE FORWARDED TO LIASON OFFICE:

TYPE OF ACTION REQUIRED BY LIASON OFFICER:

COMMENTS