



Group II Activity Request Form

Unit:

Date of Request:

Activity Number:

Date of Activity:

Time of Activity:

ACTIVITY TYPE

ES Training

AE Activity

Recruiting

Traffic Management

Parade

Other: _____

O-flights

Fundraiser

Activity Description

Location: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Project Officer: _____

Phone Number: _____

Safety Officer: _____

Phone Number: _____

Public Affairs Officer: _____

Phone Number: _____

TRANSPORTATION

Corporate Vehicle

Will vehicle be driven out of state?

Vehicle ID: _____

Yes

No

POV

Number of _____

Is a Commander letter of authorization on file?

Yes

No

ORM Worksheet Attached

Officer attend RST if over 4 nights

Cadets/Parents Notified 2 weeks prior

Two officers attending IAW CAPR52-10

High Adventure Activity

For Group Use Only

Approved

Disapproved

Group Commander or Designee

