



# 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

