



UNITE EVENT REQUEST

SQUADRON INFORMATION:

REQUESTING UNIT: _____

UNITE POC: _____ UNITE POC EMAIL: _____

EVENT INFORMATION:

EVENT POC: _____ EVENT POC EMAIL: _____

DATE OF EVENT: _____

EVENT LOCATION: _____

PROJECTED START TIME: _____ END TIME: _____

PLANNED # OF PARTICIPANTS: _____, of which, _____ are estimated to be dependents/family members.

PROJECTED OUT OF POCKET FEES TO BE PAID BY PARTICIPANTS (IF ANY): _____

DETAILED EVENT DESCRIPTION (Who, What, Where, When, How, Why):

APF (ACTIVITY) FUNDING BREAKDOWN - \$13.50/PP Max (Please itemize every expense):

NAF (FOOD & BEVERAGE) FUNDING BREAKDOWN - \$5.00/PP Max (Please itemize every expense):

REQUESTED FUNDING: APF (activity related): _____ NAF (food & beverage): _____

EVENT POC SIGNATURE: _____ DATE: _____

COMMANDER OR
DESIGNEE SIGNATURE: _____ DATE: _____

****ALL EVENTS REQUIRE A COMMANDER'S SIGNATURE OR DESIGNEE & APPROVAL FROM THE AIR FORCE SERVICES CENTER.****

C3 OFFICIAL USE ONLY DATE APPROVED: _____ APPROVED APF: _____ APPROVED NAF: _____