

Joint Base Andrews Tour Request



Group Name:			
Group Point of Contact:			
Address:			
E-Mail Address:			
Cell :	Work:	F/	AX:
Date Requested:	Alternate Date:		
Age/Grade:	(Children under 10 are not permitted)		
Arrival Time:	Departure Time:		
Specific Tour Location R	equest:		
Number of People in Group: (Policy: Minimum 10, Maximum 40)			
Mode of Transportation (Charter Bus, School But are not authorized)	to: s, etc)(All partice	ipants must be in one t	vehicle. Carpools/caravans
11th Wing Public Affairs	, 1500 West Perin	advance of requested a neter Road, Suite 2330, afdw-staff.mbx.11-wg-	, Joint Base Andrews MD
	•	rellation due to real we lest opportunity of any	orld mission requirements. cancellations.
For 11 WG/PAC Use Only:			
Date Received:		Approved/Disapproved:	
Informed of ground rules: _		_	
Event/Activity	<u>Time</u>	Request sent	Confirmed/POC