



Joint Base Andrews Tour Request



Group Name: _____

Group Point of Contact: _____

Address: _____

E-Mail Address: _____

Cell : _____ **Work:** _____ **FAX:** _____

Date Requested: _____ **Alternate Date:** _____

Age/Grade: _____ *(Children under 10 are not permitted)*

Arrival Time: _____ **Departure Time:** _____

Specific Tour Location Request: _____

Number of People in Group: _____ *(Policy: Minimum 10, Maximum 40)*

Mode of Transportation to: _____
(Charter Bus, School Bus, etc...) (Carpools/caravans are not authorized)

Send form at least 30 days in advance of requested tour date to:
11th Wing Public Affairs, 1500 West Perimeter Road, Suite 2330, Joint Base Andrews MD 20762
or e-mail: USAF.JBANAFW.AFDW-STAFF.MBX.11-WG-COMREL@MAIL.MIL

For 11 WG/PAC Use Only:

Date Received: _____ **Approved/Disapproved:** _____

Informed of ground rules: _____

<u>Event/Activity</u>	<u>Time</u>	<u>Request sent</u>	<u>Confirmed/POC</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____