## **UNITE EVENT REQUEST**

**REQUESTING UNIT:** 

EMAIL:

**EVENT INFORMATION** 

DATE OF EVENT:

**UNITE POC:** 

**EVENT LOCATION:** 

PROJECTED START TIME:

END TIME:

PLANNED NUMBER OF PARTICIPANTS:

**PROJECTED FEES TO BE PAID BY PARTICIPANTS:** 

**DETAILED** EVENT DESCRIPTION:

APF (ACTIVITY) FUNDING BREAKDOWN (\$13.50/PP): You must break down every expense - <u>do not</u> lump activities/expenses together

NAF (FOOD/BEVERAGE) FUNDING BREAKDOWN (\$5.00/PP): You must break down every expense - <u>DO NOT</u> LUMP expenses together

**COMMANDER SIGNATURE:** 



RENGTH IN UNIT

ROBELLAT AEREM VI MORTHFERUM

**COMMUNITY COHESION COORDINATOR (C3) SIGNATURE:** 

ALL ACTIVITIES REQUIRE A COMMANDER'S SIGNATURE & APPROVAL FROM THE AIR FORCE SERVICES CENTER