315th Airlift Wing Public Affairs Tour Request Form

Date of Request:			
Desired Tour Date: Arr	rival/Departure Time	es:	
Name of Group:			
POC Name:			
Mailing Address (at leas	st where you are driv	ring from):	
Phone:			
E-mail:			
Size of Group:	A	.ge/Grade:	**Tours available for ages 12 and older.
Transportation to the ba	ase:		
Purpose of Tour:			
	Fire Department, PA		ng dog demonstration, EOD rial Port Squadron, Mobility
depend on availability.	Because of mission release specify what	requirements, to	ur requests, tour stops will ours stops can be cancelled nilitary, as we have differen
Will your group be hav	ing lunch on base? (Please check O	NE of the following)
Dining FacilityCharleston Club BX Food Court		')	
Picnic Grounds	(bring your own lun	ch)	
Completed form are se	e nt to: joann.gillespi	ie.1@us.af.mil	& 315aw.pa-1@us.af.mil