

Family Readiness Group
Company X 1-100 Inf XX Bde
P.O. Box 000
Anytown, ST 77777

FRG ACTIVITY APPROVAL FORM

1. Request approval of the following FRG activity:

Activity: _____

Start Date/Time: _____ End Date/Time: _____

Location: _____

Unit Support Needed: _____

2. This activity will enhance the cohesiveness of the unit and family members.
3. The Arkansas National Guard or the unit is not responsible for accident or injury.
4. Your positive consideration and support of this activity is greatly appreciated.
5. Point of Contact is the undersigned at (111) 000-5555

Mrs. Sunny Day
FRG Leader

My signature indicates approval or disapproval.

APPROVED: _____ DISAPPROVED: _____
(Unit Commanders signature) (Unit Commanders signature)