



UNITE EVENT REQUEST

UNITE COORDINATOR: AEDC.Arnold.UniteProgram@us.af.mil 931-454-7530

REQUESTING UNIT: [REDACTED]

UNIT POC: [REDACTED]

EMAIL: [REDACTED]

WORK PHONE: [REDACTED]

CELL PHONE: [REDACTED]
(Optional)

DATE OF EVENT: [REDACTED]

EVENT LOCATION: [REDACTED]

START TIME: [REDACTED]

END TIME: [REDACTED]

PLANNED NUMBER OF PARTICIPANTS: [REDACTED]

COMMANDER AUTHORIZES SPOUSES/DEPENDENTS: [REDACTED]
(Unit does not receive additional funds for spouses/dependents)

PLANNED NUMBER OF SPOUSES/DEPENDENTS: [REDACTED]

DETAILED EVENT DESCRIPTION:

[REDACTED]

Event Funds Available:

EVENT COSTS/FUNDING BREAKDOWN:

[REDACTED]

PROJECTED EVENT ACTIVITY COSTS PAID BY PARTICIPANTS: [REDACTED]

Food Funds Available:

FOOD/BEVERAGE COSTS/FUNDING BREAKDOWN:

[REDACTED]

PROJECTED FOOD/BEVERAGE COSTS PAID BY PARTICIPANTS: [REDACTED]

[REDACTED]

UNIT POC SIGNATURE

[REDACTED]

COMMANDER SIGNATURE

