

MILITARY GROUP RECREATIONAL REQUEST

Print Form

Privacy Act Statement

SORN NM01700-1

Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 26 U.S.C. 6041; BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreation Programs 2003; MCOP 1700.27, Marine Corps, Morale, Welfare and Recreation Policy Manual, Ch1; NAVSO P-3520, Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN).

PRINCIPLE PURPOSE: Provides a record of all personnel authorized to use recreation property and facilities at Marine Corps activities.

ROUTINE USES: a. Provides emergency contact information when needed. b. Serves as authorized release to the media or public to publicize names and photographs of participants for marketing or other similar purposes. c. Serves as program record for all accounting functions.

DISCLOSURE: Disclosure of personal information is voluntary. However, if requested information is not provided, group recreational activity request will not be considered.

MILITARY GROUP NAME/UNIT: _____

PURPOSE OF GROUP ACTIVITY: _____

GROUP ATTENDANCE

ACTIVE DUTY OFFICERS: _____ ACTIVE/RETIRED DEPENDENTS: _____ RETIRED MILITARY: _____

ACTIVE DUTY ENLISTED: _____ OTHER AUTHORIZED GUESTS: _____ CIVILIAN GUESTS: _____

TOTAL NUMBER ATTENDING: _____ SUPERVISION: _____ SUPERVISORS PER _____ PARTICIPANTS

REQUESTED DATE/TIME**ACTIVITIES AND SPECIAL REQUESTS**

FIRST CHOICE: _____ TIME: _____ TO _____

SECOND CHOICE: _____ TIME: _____ TO _____

THIRD CHOICE: _____ TIME: _____ TO _____

POINTS OF CONTACT FOR GROUP ACTIVITY:

OFFICER IN CHARGE (OIC): _____ RANK: _____

BRANCH OF SERVICE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

STAFF NONCOMMISSIONED OIC : _____ RANK: _____

BRANCH OF SERVICE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ALTERNATE POINT OF CONTACT: _____ RANK: _____

BRANCH OF SERVICE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

REQUESTOR NAME (Please print): _____ PHONE NUMBER: _____

REQUESTOR SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLYMANAGER SIGNATURE: _____ DATE: _____ APPROVED DISAPPROVED