



SFAC TRIP/EVENT REQUEST FORM

NAME: _____ RANK: _____ COMPANY _____

E-MAIL _____ Unit PH# _____
Cell # _____

EVENT / TRIP NAME: _____ DATE(S): From _____ To _____

Start Location: _____ Trip Location: _____

LEAVE REQUIRED Y N N/A

PERMISSIVE TDY REQUIRED Y N N/A

PASS/MILEAGE REQUIRED Y N N/A

I agree that if I am approved for this event and I met the requirements, that this will be my point and place of duty and only my commander can release me from this agreed upon obligation. I also understand that if I fail to notify the commander of my inability to participate for any reason at least one week prior to the stated event date that I will not be allowed to sign up or participate in any other events that are sponsored through SFAC for 90 days.

Soldiers Signature _____ Date: _____

Request for Approval _____ DATE SIGNED _____

Nurse Case Mgr Notified Signature: Yes or No

Squad Leader Signature: _____ Approve/ Disapprove _____
SGD LDR ensures that the soldier is not bending UCMJ or flagged or will miss any prearranged medical appointments.

Platoon Sgt Signature: _____ Approve/ Disapprove _____

1SG Signature: _____ Approve/ Disapprove _____

Company Commander: _____ Approve/ Disapprove _____

DATE SUBMITTED TO SFAC: _____ (PRIOR TO SIGNING UP FOR EVENTS AT THE SFAC)
(Attention: this form must be signed by the company "top 3" to be valid for SFAC Trip/Event)

Violation of this request is punitive in nature, willful violation of any part of this form will and can be subjected to UCMJ.