

REQUEST TO CONDUCT FUNDRAISING EVENT AT MAGTFTC, MCAGCC

Date of Final Action: _____

1. Request to Conduct Fundraising.

| | |
|---------------------------|--|
| Sponsoring Organization | |
| Purpose of Fundraiser | |
| Type of Fundraising Event | |
| Location of Fundraiser | |
| Date(s) of Fundraiser | |
| Time(s) of Fundraiser | |
| Requester's Name | |
| Requester's Signature | |
| Date Signed | |

2. Organization Recommendations.

| Recommending Official | Recommendation (circle one) | Reason (for Deny recommendation) | Name & Signature |
|--|------------------------------------|---|-----------------------------|
| Officer In Charge, Preventive Medicine, Naval Hospital | Approve/Deny | | |
| Assistant Chief of Staff MCCS | Approve/Deny | | |
| Officer In Charge, PMO (Provost Marshal) | Approve/Deny | | |
| Director, NREA | Approve/Deny | | |
| Assistant Chief of Staff G-4 or Supervisor of Requested Location | Approve/Deny | | |

3. Final Action by Staff Judge Advocate.

- a. _____ Your request is approved.
- b. _____ Your request is denied because _____

_____.

Staff Judge Advocate