New Castle ANG Base Tour Request Form

(Please complete SECTION 1 of this request form and return to usaf.de.166-aw.list.pa-public-affairs@mail.mil)

SECTION 1: Requester Information (to be filled out by the primary point of contact for the tour)

Name of Organization	Requester's Name				
Group Size	Group Age Range	Primary Purpose of Request			
Proposed Date (ex. 01/01/2	001) Proposed T	ime Frame (ex. 8:00 a.m 3:00 p.m.)			
Daytime Phone	Cell Phone	Alternate Phone			
Do you require	Special Requirements (detail in Notes section below)				
On-Base Transportation	Allergies				
Indoor Dining Facility	Dietary Co	onstraints			
Picnic Location	Handicap	Accessibility			
Areas of Interest (what you'	d most like to see)				
Additional Notes					
NOTE: You will need to su page.	bmit an Entry Authoriza	ition List, which may be found on the last			

Entry Authorization List for New Castle ANG Base Tour

Name: Last, First (in alphabetical order)	Drivers License #	Drivers License State	Date of Birth (required for all persons listed)	Citizenship	Passport Number if not US