

# 165TH AIRLIFT WING BASE TOUR REQUEST FORM

All request forms \*must\* be sent via email a minimum of 3-weeks prior to:  
165.AW.Public.Affairs@us.af.mil



Please type or print all information clearly.

## PRIMARY POINT OF CONTACT

**Requester/Organization:**

**Name:**

**Email:**

**Phone:**

**Date of Request:**

## SECONDARY POINT OF CONTACT

**Name:**

**Email:**

**Phone:**

## BACKGROUND INFORMATION

(Group Affiliation, Group Size, Ages, Requested Itinerary, What would you like to see)

## PREFERRED DATE FOR TOUR

Note: The Wing Base Tour point of contact will provide information on specific dates/times that may be available.  
For individual safety, please ensure all tour members wear closed-toed shoes.

**1st Choice Date/Time**

**2nd Choice Date/ Time:**

## 165 AW Point of Contact (Optional)

Please give us the name of who referred you for the tour and their information.

**Name:**

**Email:**

**Phone:**

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BELOW FOR 165AW USE ONLY

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**Approved Tour Date(s)/ Time**

Approved Date:

Approved Time:

**OUTLINE OF EVENTS**

**165 AW/PA APPROVAL**

☐ YES

☐ NO

SIGNATURE:

**ADDITIONAL COMMENTS**

**165 AW/CC APPROVAL**

☐ YES

☐ NO

SIGNATURE:

**ADDITIONAL COMMENTS**