



# 165th Airlift Wing Base Tour Request Form

(Please type or print all information clearly.)

All request forms **\*must\*** be sent via email a minimum of 2-weeks prior to: [usaf.ga.165-aw.list.public-affairs@mail.mil](mailto:usaf.ga.165-aw.list.public-affairs@mail.mil)

Today's Date:

Requester/Organization:

---

Primary Point of Contact

Name:

Phone:

Email:

---

Secondary Point of Contact

Name:

Phone:

Email:

---

About your group:  
(Group Affiliation, Group  
Size, Ages, What you  
would like to see?, etc.)

Preferred date for tour:

1st choice:

Times:

2nd choice:

Times:

**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.*

Additional Comments:

---

---

Approved by 165 AW/PA	Yes	Signature
	No	

165 AW/PA Comments:

---

Approved by 165 AW/CC	Yes	Signature
	No	

165 AW/CC Comments:

---

165 AW Point of Contact

Name:

Phone:

Email:

165 AW POC comments: