

## G-3 Visiting Group Request Form

Date \_\_\_\_\_

- ALL REQUESTS MUST BE SUBMITTED AT A MINIMUM 30 DAYS PRIOR TO VISIT AND INCLUDE ALTERNATE DATES IN CASE REQUESTED DATES ARE NOT AVAILABLE.
- PLEASE EMAIL ALL REQUESTS TO [RDSD\\_G3\\_REQUESTS@USMC.MIL](mailto:RDSD_G3_REQUESTS@USMC.MIL)
- MUST FOLLOW UP WITH A PHONE CALL TO CONFIRM SUBMISSION @ 619-524-8753

**\*All requests must be filled out completely. Request not in compliance will not be honored by G-3\***

1. Name of Group:		2. Group's Affiliation with Department of Defense:	
3. Group Location (City/State):		4. Point of Contact (POC) Name:	
5. Cell Phone #:	6. Work Phone #:	7. Email Address:	
8. Number of Attendees:	9. # of Males:	10. # Of Females:	11. # of Chaperones:
12. Dates Requested: MM/DD/YYYY Primary: Alternate 1: Alternate 2:		13. Arrival Time: Departure Time:	
14. Chow Hall: Yes <input type="checkbox"/> No <input type="checkbox"/>	15. Museum Tour: Yes <input type="checkbox"/> Docent Led: <input type="checkbox"/> No <input type="checkbox"/> Self-Guided: <input type="checkbox"/>	16. VIPS (O-6 and Above/Retired / Silver Star or Above Recipients:	
17. Morning Colors: Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Graduation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Brief Unit History/Requesting Organization History:			
18. VIP Brief History:			
19. Transportation to Base:			
20. Visit Purpose:			
21. Additional Requests:		22. Chow Hall Acknowledgement: It is the responsibility of the chaperones to be aware of all group member's allergies. Please check box to confirm understanding.  <input type="checkbox"/> I understand.	