

G-3 Visiting Group Request Form

Date _____

- ALL REQUESTS MUST BE SUBMITTED 30 DAYS PRIOR TO VISIT AND INCLUDE ALTERNATE DATES IN CASE REQUESTED DATES ARE NOT AVAILABLE
- PLEASE EMAIL ALL REQUESTS TO **RDSG_G3_REQUESTS@USMC.MI**
- MUST FOLLOW UP WITH A PHONE CALL TO CONFIRM SUBMISSION @ 619-524-8432

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:			