

# REQUEST TO CONDUCT FUNDRAISING EVENT AT MAGTFTC, MCAGCC

ATTACH ANY WRITTEN PUBLICITY

Date of Final  
Action \_\_\_\_\_

## Part 1 - REQUEST TO CONDUCT FUNDRAISING

1. Sponsoring Organization

2. Purpose of Fundraiser

3. Type of Fundraising Event

4. Location of Fundraiser

5. Date(s) of  
Fundraiser6. Time(s) of  
Fundraiser7. Is logistical support requested? (e.g., utilities, shelter, etc.) ☐ Yes (specify below) ☐ No

8. Support Requested

9a. Requester's Name

b. Phone Number

10. Requester's Signature

Date

## Part 2 - Organization Recommendations

11. Officer in Charge, Preventative Medicine, Naval  
Hospitala. Recommendation: ☐ Approve ☐ Deny

Reason for Denial:

b. Name

c. Signature

12. Assistant Chief of Staff MCCC

a. Recommendation ☐ Approve ☐ Deny

Reason for Denial:

b. Name

c. Signature

13. Officer in Charge, Provost Marshal's Office

a. Recommendation ☐ Approve ☐ Deny

Reason For Denial:

b. Name

c. Signature

14. Director NREA

a. Recommendation ☐ Approve ☐ Deny

Reason for Denial:

b. Name

c. Signature

15. Supervisor of Requested Location

a. Recommendation ☐ Approve ☐ Deny

Reason for Denial:

b. Name

c. Signature

## Part 3 - Final Action by Staff Judge Advocate

16. Response to request: ☐ a. Approved ☐ b. Disapproved

c. Reason for Denial

17. Name and Title

18. Signature