|  |  |
| --- | --- |
| **Phone Number:**  | **E-mail:**  |

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Unit/Section:**  | **Date submitted:**  |

**MAGTFTC/MCAGCC COMMSTRAT COVERAGE REQUEST FORM**

|  |  |
| --- | --- |
| **Event Name:**  | **Event Date:**  |

|  |
| --- |
| **Description of event:**  |
| **Points of contact for event:**  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Please submit all requests 10 days prior to event\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**E-mail request to:** **SMBPLMSMCAGCCCOMMSTRAT@usmc.mil****.**

**A confirmation e-mail will be sent out once received by a representative from the Communication Strategy and Operations Office. If you have any questions or concerns call the Communication Strategy and Operations Office at 760-830-6817.**