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

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

**MAGTFTC/MCAGCC COMMSTRAT COVERAGE REQUEST FORM**

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

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

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

**E-mail request to:** [**SMBPLMSMCAGCCCOMMSTRAT@usmc.mil**](mailto: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.**