

**MILITARY GROUP RECREATIONAL REQUEST**

Print Form

Privacy Act Statement

**SORN NM01700-1**

**Authority:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 26 U.S.C. 6041; BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreation Programs 2003; MCOP 1700.27, Marine Corps, Morale, Welfare and Recreation Policy Manual, Ch1; NAVSO P-3520, Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN).

**PRINCIPLE PURPOSE:** Provides a record of all personnel authorized to use recreation property and facilities at Marine Corps activities.

**ROUTINE USES:** a. Provides emergency contact information when needed. b. Serves as authorized release to the media or public to publicize names and photographs of participants for marketing or other similar purposes. c. Serves as program record for all accounting functions.

**DISCLOSURE:** Disclosure of personal information is voluntary. However, if requested information is not provided, group recreational activity request will not be considered.

MILITARY GROUP NAME/UNIT: \_\_\_\_\_

PURPOSE OF GROUP ACTIVITY: \_\_\_\_\_

**GROUP ATTENDANCE**

ACTIVE DUTY OFFICERS: \_\_\_\_\_ ACTIVE/RETIRED DEPENDENTS: \_\_\_\_\_ RETIRED MILITARY: \_\_\_\_\_

ACTIVE DUTY ENLISTED: \_\_\_\_\_ OTHER AUTHORIZED GUESTS: \_\_\_\_\_ CIVILIAN GUESTS: \_\_\_\_\_

TOTAL NUMBER ATTENDING: \_\_\_\_\_ SUPERVISION: \_\_\_\_\_ SUPERVISORS PER \_\_\_\_\_ PARTICIPANTS

**REQUESTED DATE/TIME****LOCATION AND SPECIAL REQUESTS**

FIRST CHOICE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO \_\_\_\_\_

**POINTS OF CONTACT FOR GROUP ACTIVITY:**

OFFICER IN CHARGE (OIC): \_\_\_\_\_ RANK: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STAFF NONCOMMISSIONED OIC : \_\_\_\_\_ RANK: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE POINT OF CONTACT: \_\_\_\_\_ RANK: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUESTOR NAME (*Please print*): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REQUESTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  APPROVED  DISAPPROVED

**MCIWEST- MCB CAMPEN AC/S MCCS 1700/5 (Rev. JUL-2024)** PREVIOUS EDITIONS ARE OBSOLETE

AEM FORMS DESIGNER V6.5.21  
CONTROLLED UNCLASSIFIED INFORMATION "CUI"  
T011-00-005-0002