



CY24 EVENT PLANNING WORKSHEET

Squadron/Unit Details:

Squadron/Section:

Event POC Name:

Email:

Phone Number:

Unite Event Objectives:

Event Date/Time:

Number of Participants: Military/Civilian Personnel

Spouses/Dependents

Event Description (Share a short summary of what the event will be)

APF Recreational Activity Vendor Information (Where is the event at, what equipment are you renting, DJ, etc?):

NAF Food Vendor Information (Who is catering/cooking, where are you getting burger burn supplies from, supply list etc?):

UNITE FUNDS REQUEST

Invoices to support funds requested below are **REQUIRED (NO TAX!)**
APF Max Funds \$13.50 pp allowed. NAF Max Funds \$5.00 pp allowed.

APF Activity Request:

\$ _____ x _____ number of attendees = \$ _____ total funds requested

NAF Food Request:

\$ _____ x _____ number of attendees = \$ _____ total funds requested

Event POC

Squadron Unite Rep OR Commander

AT LEAST 2 WEEKS PRIOR TO EVENT DATE

Submit signed event request form with all invoices and signed 889 forms to the C3 via email at 4FSS.FSW.C3UNITEProgram@us.af.mil