## Wright-Patterson Air Force Base Youth Access Request

This is only a request. No confirmation or registration may be given or received verbally To Commander WPAFB Date: # in party From (Group name) Request use of the following: Primitive Campground Pool Chapel **Bowling Center** Military Dining Facility There are no barracks or inside accommodations at the base. The campground has port-a-johns and water during the summer months. Campfires are authorized in established fire rings. There are NO tours of the base or the museum arranged through this program We plan to arrive at AM on and leave at AM on \*Meals desired (if any) Date Date Date Date Breakfast Lunch Dinner \*Meals available only during select time periods and are based on military mission requirements Mode of Transportation Private Vehicle Commercial Vehicle State/GOV The base must receive the following 30 days prior to your arrival date: This completed form The roster below of all people you expect to bring at this time (additional people may be added, see below) The nonrefundable administrative fee of \$11.00 per person. This fee is required to process your access to the installation it is required whether you camp or not and will only be returned if your request is disapproved by the installation Adding people to the roster: You may add people or switch names on the list up to seven (7) business days prior to your arrival date but campsites are assigned based on the number of people we have requested 14 days prior to your arrival date. Additionally any people must be paid for over the phone by credit card one week in advance. You must turn in an accurate number of people for the dining facility 14 days prior to your arrival. You must present upon arrival at the installation the confirmation letter you receive. Additional fees for facilities used must be paid to those facilities. You must guarantee payment for all meals ordered unless your reservation is cancelled (as early as possible but not later than 24 hours prior to the day of your arrival) Alternate POC Group Leader Name Street Address Street Address City City State State Zip Zip Day Time Phone Day Time Phone Night Time Phone Night Time Phone ) Fax Fax Emergency Number and Email address for POC Contact while on Installation Amount Enclosed Number of people \_\_\_\_\_ X \$11.00=\_\_\_\_Administrative Fees Payment Method Mastercard (only) Visa Signature Date

Youth Group	Roster
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## (Name ex Troop #) Please TYPE all names

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