

WASHINGTON WING REQUEST FOR FUNDRAISING ACTIVITY

Date of Submission	Charter # PCR-WA-	Squadron Name	
Is this a multiple day event? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date of Proposed Event	End Date of Proposed Event
Event Description (Please provide details of the proposed event (where, who will be participating, what will be done, etc. Use additional sheet if necessary))			
Has CAPR 173-4 been reviewed to ensure that this event is in compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a Risk Management (RM) analysis been completed for this event? (If so, please attach) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the following forms be obtained from participants as required prior to the activity?			
a. CAPF 32, <i>Civil Air Patrol Cadet Activity Permission Slip</i> Required for all minor cadets who wish to participate in activities beyond weekly squadron meetings or taking place in a location other than the unit's normal meeting facility or local airport.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CAPF 161, <i>Emergency Information</i> A copy of this form should be kept on the member's person when participating in a CAP activity			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there specific safety concerns that need to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain below and use additional sheet if necessary)			
Requested by	Signature of Squadron Commander /s/	Squadron	Date
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Signature of Group Commander /s/	Group	Date
Reviewed <input type="checkbox"/>	Signature of Wing Legal Officer /s/	Wing Washington	Date
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Signature of Wing Commander /s/	Wing Washington	Date