United States Air Force Auxiliary
Civil Air Patrol, Washington Wing

EVENT OPERATIONS PLAN WORKSHEET

DATE PREPARED:	**INITIAL WHEN APPROVED**
EVENT NAME:	Sq CC Approval: _____
DATE(S) OF EVENT	Gp CC Approval: _____
EVENT LOCATION:	Wing CC Approval: _____
HOST UNIT: CHARTER # WA-	

TYPE OF EVENT

☐ AIRSHOW ☐ AIRPORT OPEN HOUSE ☐ MODEL ROCKETRY ☐ BIVOUAC ☐ OTHER

If OTHER, please describe:

Primary Project Officer	**Secondary Project Officer**	**Activity Safety Officer**
Name:	Name:	Name:
Grade:	Grade:	Grade:
CAPID:	CAPID:	CAPID:
Phone:	Phone:	Phone:
E-Mail:	E-Mail:	E-Mail:
☐ Attending Event	☐ Attending Event	☐ Attending Event

EVENT DESCRIPTION & OBJECTIVES (Provide a brief description of the event, activities, objectives, schedule, facilities, etc.

NUMBER OF CADETS ATTENDING		NUMBER OF SENIOR ATTENDING		UNIFORM OF THE DAY

RISK MANAGEMENT (RM) ANALYIS ATTACHED ☐ Yes ☐ No

If No, please provide explanation:

Supports: ☐ Emergency Services ☐ Cadet Programs ☐ Aerospace Education

EQUIPMENT & SUPPORT

SPECIAL EQUIPMENT NEEDED:	VEHICLES:
	☐ CORPORATE ☐ POV ☐ OTHER

IF CORPORATE VEHICLES USED, LIST VEHICLE ID AND LOCATION

Vehicle ID	Location	Vehicle ID	Location	Vehicle ID	Location

PARTICIPATION RESTRICTIONS:

Activity Is	◯ WAWG Open Enrollment or ◯ **Limited** Enrollment to for Group/Squadron only?
Activity is	◯ open to or ◯ **excludes Cadet** Participation
Activity	◯ will not or ◯ will require a participation cost of per participant for meals; material, etc.

This worksheet replaces WAWG Form 20