Event NAME:

SF PERSONNEL USE ONLY

Authenticate by:

NAME, Rank, USAF

Duty Title

Date/Time:

Page \_\_\_\_ of \_\_\_\_.

**EAL PURGE DATE:**

Event DATE(s):

TIME Requiring Access:

Event LOCATION:

SPONSOR Name & Contact Number:

COMMANDER/Representative Name & Number:

**Attendees**

Anyone 18 and over must provide their Birth Date, Social Security Number, Drivers License/ID Number and State of issue on this form and provide a VALID State or Federal photo Identification upon arrival to the base. Any person who arrives without registering prior to arrival will need to be met at the Visitor Control Center and signed onto the installation. This information needs to be e-mailed to S5P no later than **FIVE DUTY DAYS** prior to the event. All information on this form is required to be typed.

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| --- | --- | --- | --- |
| Name | DL or ID#/State | Birth DateYYYY/MM/DD | Social Security Number |
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