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| --- | --- | --- | --- |
| Charter Number | XXX Composite Squadron  PCR-XX-0000 | Date of Submission: | Today’s Date |
| Start Date of Event | Start date | End Date of Event | End Date |
| Location: | Location | Reoccurring Activity: | YES/NO- (\*If Yes) -Annual, biannual or monthly? |
| Name of OIC or POC: | Point of contact | Phone number of OIC | (000) 000-0000 |
| Has a Risk Management analysis been completed for this event? If yes,(please attach) | YES/NO/Comments | Has event been reviewed to be in compliance with CAPR 173-4? | YES/NO/Comments |

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| --- | --- |
| Email address of POC: |  |

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| **Event Description (Please provide details of the proposed event (where, who will be participating (Cadets- two deep supervision-include names and CAPID of adult members), what will be done**  **(Use additional sheet if necessary)** **Please use the table to outline your budget for this event.**  ***NOTE: All contracts need coordination with Wing JA and NHQ for signature. Please submit all contracts to*** [*admin@XXwg.cap.gov*](mailto:admin@XXwg.cap.gov) ***with a copy of******finance committee minutes approving the activity.***   |  | | --- | |  | |
| |  |  |  |  | | --- | --- | --- | --- | | **Income** | | **Expenses** | | | Fundraiser: (estimated) |  | Supplies/Food: |  | | Participation Fees: |  | Facility/Admission Charges: |  | | Other Income: (estimated) |  | Other Expenses: |  | | **Total Income:** (estimated) |  | **Total Expenses:** |  |   **Event Description:** |

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| SQ CC Request | Signature of Squadron Commander | Date |
| Wing Admin Log | Signature of Wing Director of Admin | Date |
| Wing SE Review | Signature of Wing Director of Safety (as needed) | Date |
| Wing JA Review | Signature of Wing Legal Officer (as needed) | Date |
| Wing CC Approval | Signature of Wing Commander | Date |

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| **ATTACHMENT:** **Operational Risk Management Worksheet**  **Conditions Assessment of Activity:** |