



Robins Air Force Base Tour Request



Group Name: _____

Group Point of Contact: _____

Address: _____

E-Mail Address: _____

Phone: _____ Cell: _____

FAX: _____

Purpose of visit _____

Date Requested: _____ Alternate Date: _____

Meals Requested: _____

Arrival Time: _____ Departure Time: _____

Specific Tour Location Request: _____

(dorm, fitness center, static display)

Number of People in Group: _____ *(Policy: Minimum 12, Maximum 40)*

NOTE: *Any person 18 or older must provide name, social security number and date of birth for Security Forces to conduct a background check for base access. Exceptions are active duty or retired military or DoD ID card holder. Additions cannot be accepted after the two week mark.*

Mode of Transportation To The Base: _____

(Charter Bus, School Bus, Automobile, etc)

***Send Form at least 60 Days in Advance of Requested Tour Date
to: lisa.ham@us.af.mil & megan.allen.1@us.af.mil***