THIS FORM MUST BE TYPE WRITTEN

## VCC EVENT REQUEST FORM

Date/Time of Event:							
Event Name:							
Loca	tion of Event:						
Even	t POC: (Name, phone, email)						
Spor	isors Signature:	•					
	vide an alphabetical list of all adults quired to be listed. List must be in t	he requested format. Sub		rior to event, or we car			time. Use
#	Last Name	First Name	Middle Name	SSN	DOB	License number	License State
1							
2							
3							
4 5							
6							
7							
8							
9							
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11							
12				<u> </u>			
13 14	<b>r</b>						
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18							
19							
20							
Data Required By the Privacy Act of 1974, Authority 5 U.S.C. 301, Dept., Regulations 10 U.S.C. 3013 Principal Purpose(s): In addition to those disclosures generally under 5 U.S.C. 552a(b) of the Privacy Act, this information contained therein may be disclosed outside DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3), AR 340-21, Para 3-2 Disclosure: VOLUNTARY, individual may disclose his or her personal information; however, failure to provide your SSN and personal data may delay or preclude access to the							
	osure: VOLUNTARY, individual may dis Ilation. (Authorized under AR 190-45, Al			re to provide your SSN a	na personal data m	ay delay or preclude acce	ss to the
FGGM 191-002-R-E							

HAND WRITTEN MAY NOT BE ACCEPTED

1: Go to www.ftmeade.army.mil

2: Click on the Post Access Icon

3: Click on Printable VCC Forms

4: Click on Form 191-002-R-E

5: Type in information requested

6: Complete a new form in its entirety if guest count is over 20

7: Sponsor must bring completed forms to the VCC in person with their receipt if renting from MWR facilities

8: Sponsor submitting the forms must match the sponsor on the forms

9: The Event Request Form must be submitted 10 working days before the event

10: Once form is submitted add-ons access will be the responsibility of the sponsor

## Fort Meade Event Request List Instructions