

Event Name: _____
Date: _____ **Start Time:** _____ **End Time:** _____
Address of Event: _____
Sponsor Name: _____
Title/Unit: _____
Duty Phone: _____
Cell Phone: _____

MANDATORY

Name and DOB required, as well as either a full SSN or Driver's License number with State. If these cannot be provided, it will result in your guest getting directed to the VCC. Must contain at least 10 individuals and please submit to Hanscom.Police.Services@us.af.mil at least 3 duty days prior to event. Please list all individuals **alphabetically by Last Name**.

	LAST NAME	FIRST NAME	Date of Birth (MM/DD/YYYY)	FULL SSN (123-45-6789)	Driver's License/State	US Citizen Y or N
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