

SPECIAL ORDER REQUEST FORM  
(Please fill out and turn in to appropriate Activity to process)

**THIS FORM MUST BE SUBMITTED 5-7 WORKING DAYS PRIOR TO EVENT**

Requesting Activity: \_\_\_\_\_

Requesting Individual: \_\_\_\_\_ Phone Number 3-\_\_\_\_\_

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Request Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Destination – Place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Uniform: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

Individual Accompanying Cadets/CIC: \_\_\_\_\_

Cadets Name:

CWID Number:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Continue on back, if needed)