

**OUTDOOR ADVENTURES
UNIT REQUEST**

Print Form

PRIVACY ACT STATEMENT

SORN NM01700-1

AUTHORITY: 10 U.S.C. 5013, Secretary of the NAVY; 10 U.S.C. 5041, Headquarters, Marine Corps; 26 U.S.C. 6041; BUPERS Instruction 1710.11C, Operations of Morale, Welfare and Recreation Programs 2003; MCOP 1700.27, Marine Corps, Morale, Welfare and Recreation Policy Manual, Ch 1; NAVSO P-3520, Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs; and E.O. 9397 (SSN).

PRINCIPLE PURPOSE: Provides records of all personnel authorized to use recreation property and facilities at Marine Corps activities.

ROUTINE USES: a. Provides emergency contact information when needed. b. Serves as an authorized release to the media or public to publicize names and photographs of participants for marketing or other similar purposes. c. Serves as a program record for all accounting functions. A complete list of the applicable Routine Uses may be found in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570424/nm01700-1/>.

DISCLOSURE: Disclosure of personal information is voluntary. However, if requested information is not provided, participation in Operation Adrenaline Rush activities will not be allowed.

UNIT: _____ COMPANY: _____

POINT OF CONTACT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

UNIT REPRESENTATIVE* (E6 or above): _____

*Unit representative must be on site the day of the event.

PHONE NUMBER: _____ EMAIL ADDRESS: _____

COMMAND REQUEST AND AUTHORIZATION

ACTIVITY REQUESTED: _____

ACTIVITY LOCATION REQUEST: _____

ACTIVITY REQUESTED DATE: _____ NUMBER OF PERSONNEL ATTENDING: _____

PROPOSED ACTIVITY START TIME: _____ PROPOSED ACTIVITY END TIME: _____

I understand that my unit takes full responsibility for the equipment that is used during the requested activity. In the case that equipment is not returned or is damaged/broken, my unit will take responsibility for the cost, replacement, and/or repair of the equipment used. I also agree to ensure my unit representative is on site the day of the requested event. My event will be limited to active duty personnel only, and I understand family members may not be present.

UNIT COMMANDING OFFICER
(Print rank, name)

PHONE NUMBER

SIGNATURE

DATE

FOR SEMPER FIT USE ONLY

DATE REQUEST RECEIVED: _____ DATE REQUEST CONFIRMED: _____

DATE RECONFIRMED (3 Days Out): _____

STAFF NEEDED: _____ EQUIPMENT NEEDED: _____