



**AIR NATIONAL GUARD COMBAT READINESS TRAINING CENTER  
GULFPORT MS 39507-4324**



**RESERVATION REQUEST**

**DATE OF REQUEST**

\_\_\_\_\_

**MEMORANDUM FOR GULFPORT DEPLOYMENT SCHEDULING OFFICE**

**FROM (UNIT/FAS):** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_

**(ADDRESS):** \_\_\_\_\_ **REQUESTOR:** \_\_\_\_\_

**(ADDRESS):** \_\_\_\_\_ **DSN:** \_\_\_\_\_ **COMM:** \_\_\_\_\_

**(CITY, ST, ZIP):** \_\_\_\_\_

**ALTERNATE POC FOR UNIT:** \_\_\_\_\_ **DSN:** \_\_\_\_\_ **COMM:** \_\_\_\_\_

**FAX NUMBERS:** \_\_\_\_\_ **DSN:** \_\_\_\_\_ **COMM:** \_\_\_\_\_

**E-MAIL ADDRESS (MAIN POC):** \_\_\_\_\_

**E-MAIL ADDRESS (ALTERNATE POC):** \_\_\_\_\_

**SUBJECT: UNIT DEPLOYMENT SCHEDULING REQUEST (DATES OF DEPLOYMENT) \_\_\_\_\_ TO \_\_\_\_\_  
FOR (TYPE OF TRAINING (EXPLAIN): \_\_\_\_\_**

**ADVON INFORMATION: ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

**MAIN BODY INFORMATION: ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

**NUMBER OF AIRCRAFT:** \_\_\_\_\_ **TYPE OF AIRCRAFT:** \_\_\_\_\_

MAINTENANCE SPT: \_\_\_\_\_ MUNITIONS SPT: \_\_\_\_\_ COMM SPT: \_\_\_\_\_ CONFERENCE SPT: \_\_\_\_\_  
 TOTAL NUMBER OF PERSONNEL DEPLOYED: \_\_\_\_\_ -- FEMALE TOTAL: \_\_\_\_\_ MALE TOTAL: \_\_\_\_\_  
 BILLETING: \_\_\_\_\_ POC FOR BILLETING: \_\_\_\_\_ DSN: \_\_\_\_\_  
 DINING FACILITY REQUIRED: \_\_\_\_\_ APPROXIMATE HEADCOUNT: \_\_\_\_\_ FIELD TNG SITE : \_\_\_\_\_  
 POC FOR DINING FACILITY: \_\_\_\_\_ DSN: \_\_\_\_\_ COMM: \_\_\_\_\_  
 GOVERNMENT TRANSPORTATION REQUIRED: \_\_\_\_\_ APPROXIMATE NUMBER OF VEHICLES: \_\_\_\_\_  
 TRANSPORTATION POC: \_\_\_\_\_ DSN: \_\_\_\_\_ COMM: \_\_\_\_\_

**REMARKS/COMMENTS**

**NOTE: Once complete, FAX or E-mail this form to the CRTC Scheduling Officer (DSN: 363-6040 or COMM: (228) 214-6040). When you receive a signed copy of this request, with all information completed below, it means your deployment has been confirmed. ANY CHANGES AFTER APPROVAL OF REQUEST MUST BE COORDINATED THROUGH THE GULFPORT DEPLOYMENT OFFICER.**

E-mail: [paul.drake@msjack.ang.af.mil](mailto:paul.drake@msjack.ang.af.mil)

REQUEST IS: APPROVED/DISAPPROVED/APPROVED WITH CONDITIONS:

CONDITIONS (IF ANY):

Unit POC √ Sections Attending Site Survey	CRTC DEPLOYMENT COORDINATION	CRTC USE ONLY
	ACFT MAINTENANCE	
	OPERATIONS	
	SERVICES	
	TRANSPORTATION	
	LOGISTICS	
	FIRE DEPARTMENT	
	SECURITY	
	COMMUNICATIONS	
	FISCAL	
	CE OPS	