IDAHO WING CAP
FUNDRAISING REQUEST

DATE	CHARTER # & UNIT NAME	
EVENT START DATE	**EVENT END DATE**	**EVENT NAME**
NUMBER OF SENIORS	**NUMBER OF CADETS**	**EVENT LOCATION**

OFFICER IN CHARGE OIC (GRADE/NAME)	OIC PHONE	OIC EMAIL

ACTIVITY DESCRIPTION: (Activities to be performed; vendors; products to be sold; etc.)

Is this event in compliance with CAPR 173-4? (Fundraising/Donations)	☐ YES ☐ NO
Will a CAPF 60-80 be required for this activity? (Cadet Permission Slip)	☐ YES ☐ NO
Attach a completed CAPF 160 - Deliberate Risk Assessment Worksheet	**High not authorized!**

Printed Grade/Name of Sq CC	Signature of Squadron Commander	Squadron	Date
☐ Approved ☐ Not Approved	Signature of Wing Commander	Wing	Date