

**SOLDIER & FAMILY READINESS GROUP (SFRG)
FUND RAISER REQUEST FORM**

Who: SFRG, _____
(Unit)

What (event in detail):

If food sale state all items to be sold:

Where:

When (Date & Time):

Why:

Point of Contact:

A current copy of SFRG's SOP must be submitted with this request to
DFMWR: lindsay.m.dunn.naf@army.mil

Requesting Official

[Signature Block]