



**INDIANA AIR NATIONAL GUARD**  
**HEADQUARTERS 122D FIGHTER WING (ACC)**  
**FORT WAYNE INTERNATIONAL AIRPORT (IAP)**  
**FORT WAYNE INDIANA**

2 August 2018

**MEMORANDUM FOR:**

**FROM:** 122 FW/PA

**SUBJECT:** Base Tour Request Form

1. Thank you for your interest in the 122d Fighter Wing! During your visit, you will see the A-10 Thunderbolt II, and learn about the mission of the Indiana Air National Guard. Please let us know if you have any special requests for your tour.
2. All tour requests must be in writing, either via this form or by email at: [bridgett.j.harper.mil@mail.mil](mailto:bridgett.j.harper.mil@mail.mil). Tours will be scheduled on a first-come, first-served basis. The maximum number of tours allowed will be five (5) per month. Please complete paragraph five (5) of this form, or put the corresponding information in your email.
3. Although we make every attempt to honor tour requests, occasionally we may be unable to do so. We recommend requesting a tour at least one (1) month in advance. Due to unforeseen circumstances, including inclement weather, we may be required to cancel a previously scheduled tour on short notice. In the event a tour is cancelled, we will make every effort to reschedule the tour as promptly as possible. We do not offer tours to individuals.
4. Due to safety requirements, you must provide one (1) adult escort per 10 children less than 16 years of age. Tours are limited to guests ages 12 and up. The maximum number of members per tour is 30. All members of the tour will be required to adhere to the safety and security stipulations outlined in the [General Release](#) form. Failure to adhere to these requirements will result in the immediate cancellation of the tour. Tours cancelled due to violations of the safety and security policy may not be rescheduled.

5. Please provide the following information and fill out the attached General Release form so we can meet your needs for your group's tour.

Name of Group: \_\_\_\_\_

Contact Name/Number(s): \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

Special Needs or Accommodations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature