

(Requesting Agency Letterhead)

DATE

Lieutenant Colonel Chad Sackett
Department of Military Affairs
600 Cedar Street
St. Paul, Minnesota 55101-2597

Lieutenant Colonel Sackett,

This is an official notification that REQUESTING AGENCY requests Military Support assistance to conduct the Minnesota National Guard's Adventure Program at SCHOOL & COMPLETE ADDRESS in COUNTY.

The National Guard is asked to provide the personal resiliency skills program for a group of NUMBER AND GRADE students. The classes will be ___ minutes in length and start on DATE, at TIME(S) (*Include the start and end time for each class*). The classes will conclude on DATE. This site is in Minnesota Congressional District Number ____.

I understand that the National Guard instructor will contact us for final coordination prior to the class. If you have any questions or concerns, please contact NAME, TITLE at PHONE NUMBER.

Requestor's Signature
Requestor's Signature block