



AMIM-HIW-A

Date: _____

MEMORANDUM FOR: Directorate of Family and Morale, Welfare and Recreation, Army Community Service, Schofield Barracks, HI 96857-5019

SUBJECT: **REQUEST FOR ASSISTANCE**

ATTN: ACS, Unit Service Coordinator, Schofield Barracks, Hawaii

1. POINT OF CONTACTS

Primary:

Rank/Grade: _____ Name (Last, First): _____

Contact Number: _____ Email: _____

Alternate:

Rank/Grade: _____ Name (Last, First): _____

Contact Number: _____ Email: _____

2. COMPANY/BATTERY/TROOP: _____

BATTALION/SQUADRON: _____

BRIGADE: _____

3. DELIVERY METHOD: IN-PERSON ☐ VIRTUAL ☐ Platform: _____

4. REQUEST FOR: TRAINING ☐ BRIEFING ☐ EVENT ☐ Estimated PAX: _____

(Brief Description)

Primary Date: _____

Time (Start-End): _____

Alternate Date: _____

Time (Start-End): _____

Location/Address: _____

5. POC'S SIGNATURE: _____

Please submit the request to the Army Community Service, Unit Service Coordinator 2-4 weeks prior for processing. To submit this request or ask questions, please call **808-787-4227** or email us at usarmy.schofield.id-pacific.mbx.acs-mdsso@army.mil. An ACS representative will contact you upon receipt of this request.

ACS STAFF ONLY

1. Received by (ACS Staff): _____ Date: _____

2. Forwarded to (Program Manager): _____ Date: _____

APPROVED ☐ DISAPPROVED ☐ SIGNATURE: _____

Note:

Date: _____ Time: _____ Contacts Name: _____
Discussion/Notes:

Date: _____ Time: _____ Contacts Name: _____
Discussion/Notes:

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Discussion/Notes:

Date: _____ Time: _____ Contacts Name: _____
Discussion/Notes: