



# Staff Ride Team

Thank you for expressing interest in the Staff Ride Team. Please complete the form below to ask your questions or provide us with your comments. After completing the form, please save it to your computer and then attach it to your email.

**First Name**

**Last Name**

**Phone Number**

**Point of Contact Email Address**

**Name of your Unit or Organization**

**Name of Campaign/Battle**

**Number of Participants**

**Date of Staff Ride**

**1st Alternate Date**

**2nd Alternate Date**

**Composition of Group (E.G. PSG and Above)**

Attach your completed form to your email and send it to  
[usarmy.leavenworth.tradoc.mbx.armyu-aup-srt@army.mil](mailto:usarmy.leavenworth.tradoc.mbx.armyu-aup-srt@army.mil)