

## MWR Community Center Reservation Form:

*Email completed reservation form to: SHARED EMAIL BOX*

**Date of Function:** \_\_\_\_\_ **Name of Function:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

*\*Time of event should include time needed for setup and break down\**

**Room(s) Requested:**  Dining room \$25 for 2hrs       Kitchen \$75 for 4hrs       Whole Facility \$100 for 4hrs

**Point Of Contact:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Duty #:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Supervisor Name & #** (Use Sponsor's supervisor if a dependent): \_\_\_\_\_

**Alternate POC:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Duty #:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Please read carefully and initial alongside each item:**

- \_\_\_\_\_ No glitter, confetti, or candles with flames are allowed in the facility.
- \_\_\_\_\_ Guests **ARE NOT** allowed to cause any damage to the walls, doors, or ceilings when decorating.
- \_\_\_\_\_ Event POC and Guests **ARE NOT** allowed to remove or move any permanent furnishings or carpeting.
- \_\_\_\_\_ Event POC is responsible for facility/equipment/clean up/trash associated with the event.
- \_\_\_\_\_ Event POC is responsible for ensuring base access for all personnel without a base I.D. (function attendees and catering personnel).
- \_\_\_\_\_ Event POC is responsible for securing any outside support required for the event.
- \_\_\_\_\_ For events scheduled outside the Community Center's normal business hours, the POC assumes responsibility for facility condition and security.
- \_\_\_\_\_ If any funds are collected to attend or participate, or to purchase items during the event, an approved **Fundraising Request Form** is required to be turned in BEFORE your reservation will be scheduled.
- \_\_\_\_\_ If using the Kitchen you are required to have a Coast Guard certified Food Safety Officer (FSO) present for your event. **The FSO is responsible for ensuring proper use and cleanliness of the kitchen facility.**  
FSO Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- \_\_\_\_\_ Local caterers and restaurants **ARE NOT** authorized to sell or dispense alcohol on Base Kodiak. Additionally, customers **ARE NOT** authorized to bring in their own alcohol for consumption or sale during an event. All requests for alcohol sales and/or service require bar service be scheduled with MWR.
- \_\_\_\_\_ I am acknowledging I have received a cleaning checklist and assume responsibility for cleanliness and damages. The cleaning checklist must be returned with the key after your event. **We will call you back if the facility has not been left the way it was found.**

**As the event POC, I understand that I am responsible for abiding by the terms and conditions set forth in this contract.**

**Event POC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MWR Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_