<u>MWR Community Center Reservation Form:</u> *Email completed reservation form to: BaseKodiakMWR@uscg.mil*

Date of Function:	Name of F	Name of Function:		
Start Time:	End Time: E	stimated Attendance:		
Time of event shoul	d include time needed for setup and b	reak down		
Room(s) Requeste	ed: Dining room \$25 for 4hrs	□ Kitchen \$75 for 4hrs	□ Whole Facility \$100 for 4hrs	
Sponsor: Email Address:				
	Duty #:			
Supervisor Name	& # (Use Sponsor's supervisor if a dependen	t):		
Alternate POC:				
Cell #:	Duty #:	Unit:		
	ully and initial alongside each ite onfetti, or candles with flames are			
	E NOT allowed to cause any dama LE PRODUCING ITEMS (STAPL	-	ngs when decorating. DO NOT USE TO HANG DECORATIONS.	
Sponsor and	Sponsor and guests ARE NOT allowed to remove or move any permanent furnishings or carpeting.			
Sponsor is r	esponsible for facility/equipment/o	elean up/trash associated with	the event.	
Sponsor is r catering per	esponsible for ensuring base acces sonnel).	s for all personnel without a b	base I.D. (function attendees and	
	cheduled outside the Community (condition and security.	Center's normal business hou	rs, the sponsor assumes responsibility	
	s are collected to attend or particip rm is required to be turned in BEI		ng the event, an approved Fundraising e scheduled.	
certified Fo			g (Servsafe.com) or a Coast Guard responsible for ensuring proper use	
FSO Name	2:		_ Phone:	
Local catere	ers and restaurants ARE NOT auth	orized to sell or dispense alco	bhol on Base Kodiak. Additionally, E KODIAKINST 1710.2(series) , for	
and assume		damages. The cleaning check), I have received a cleaning checklist list must be returned with the key after eaned.	
	, I understand that I am respons GBASEKODIAKINST 1710.2 (s		s and conditions set forth in this	
Sponsor Signatur	e:	Date:		
MWR Approved:		Date:		
Date Paid:	Payment Type	:	_	