

MWR Facility Usage Request Form

Point of Contact (POC): _____

POC Phone (EXT): _____ POC Email Address: _____

Activity Name: _____

Date(s): _____ Time(s): _____

Venue(s) Requested: _____ Number of Attendees (anticipated): _____

Audio/Visual Requirements: _____

Additional Services Requested (i.e. bar service, setup/teardown). Also attach or describe

floorplan/layout): _____

The Activity POC acknowledges, understands, and agrees to abide by Command Policy Letter No. 42, Authorized Usage of Family and Morale, Welfare and Recreation (MWR) Facilities.

Signature: _____ Date: _____

MWR USE ONLY Reservation Approved: _____