

THEATER RESERVATION REQUEST

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| REQUESTERS NAME: |
| DATE OF REQUEST: |
| ORGANIZATION: |
| DAYTIME PHONE: |
| OFF DUTY PHONE: |
| GOVERNMENT E-MAIL: |
| DATE AND TIME REQUESTED: |
| FUNCTION DESCRIPTION/NOTES: |
| No Comm Support Available |
| NO COMM SUPPORT AVAILABLE |

Limited communication support is available; Outdoor Recreation Center staff training is required for use. Training must be requested /conducted in advance of the reservation date. Requester assumes responsibility of the facility and equipment. The facility / to include restrooms will be cleaned, trash removed and building secured by the requester. Serving food or drink requires 628 FSS/FSW coordination. Issues with equipment or the facility will be reported to the Outdoor Recreation Center. Facility key will be issued at the Outdoor Recreation Center during regular hours of operation.

Requester Signature and Date:

- Forward this completed request to orcairbase2@gmail.com
- Subject your email request: THEATRE/DATE REQUIRED/ YOUR ORGANIZATION
- Email confirmation receipt of this request will be received by the requester within two business days.

****REQUESTS NOT FULLY COMPLETED WILL NOT BE ACTIONED****