



USCG BASE PORTSMOUTH MWR FACILITY USE REQUEST



(PLEASE TYPE OR PRINT NEATLY AND LEGIBLY)

REQUESTOR INFORMATION: Number of Attendees _____ (Guest List required for off base attendees)

NAME/Last: _____ First: _____ Rank: _____
 Division/Unit/ _____ Today's
 Organization: _____ Phone: _____ Date: _____
 Date(s) Requested: _____ to _____ Time Requested: _____ to _____

FACILITY REQUEST (Reason):

- | | | |
|---|---|--|
| <input type="checkbox"/> Gym: <input type="checkbox"/> Half <input type="checkbox"/> Full Court | <input type="checkbox"/> Sand Volleyball #1 | <input type="checkbox"/> Portside <input type="checkbox"/> Reserved Parking – No.
(Separate list required for VIPs) |
| <input type="checkbox"/> Picnic/Playground Area | <input type="checkbox"/> Sand Volleyball #2 | <input type="checkbox"/> Wheelhouse Club |
| <input type="checkbox"/> Picnic Pavilion #1 | <input type="checkbox"/> Hayes Softball Field #1 | <input type="checkbox"/> Wheelhouse Dining Area for Ceremony |
| <input type="checkbox"/> Picnic Pavilion #2 | <input type="checkbox"/> Massey Softball Field #2 | <input type="checkbox"/> Atrium Room |
| <input type="checkbox"/> Horseshoe Pits | <input type="checkbox"/> Pool | <input type="checkbox"/> Other |

Additional Information: _____

SIGNATURE OF SPONSOR _____ **DATE** _____ **PRINT/TYPE NAME AND RANK** _____

Requested facilities, dates and services for this event are: APPROVED DISAPPROVED

Modifications are noted herein: _____

SIGNATURE OF MWR REPRESENTATIVE _____ **DATE** _____ **PRINT/TYPE NAME** _____

ALCOHOLIC BEVERAGES: Request to consume alcoholic beverages in the above designated area.
 YES (Must sign below) NO

AUTHORIZATION:
 I fully understand my responsibilities as sponsor and understand Base Portsmouth's policies concerning the service and consumption of alcohol as noted in CG BASE PORTSVA INST 5353.1 (series)

SIGNATURE OF COMMAND/SPONSOR _____ **DATE** _____ **PRINT/TYPE NAME AND RANK** _____

Consumption of Alcoholic Beverages in designated area is: APPROVED DISAPPROVED

SIGNATURE OF COMMAND APPROVING OFFICIAL _____ **DATE** _____ **PRINT/TYPE NAME** _____

FOR MWR STAFF USE:

Date Received: _____ **Date Entered Into Outlook Calendar:** _____

Guest List: Required YES NO **Date Received:** _____ **Date Update Received:** _____

- COPIES:**
- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Requestor | <input type="checkbox"/> Gym | <input type="checkbox"/> Wheelhouse |
| <input type="checkbox"/> Hobby Shop | <input type="checkbox"/> Accounting | <input type="checkbox"/> Security |
| <input type="checkbox"/> Portside | <input type="checkbox"/> Other | |