

RESERVATION APPLICATION

NAME: _____
(Last, First, MI) (Rank/Rate)

STATUS: ___Active ___Reserve ___Retired ___Gov't Employee _____Other

SERVICE: ___USCG ___USN ___USA ___USMC ___USAF ___USPHS ___NOAA

DUTY STATION: _____ HOME ADDRESS: _____
(If Applicable) _____

PHONE: () _____ PHONE: () _____

PERIOD REQUESTED:

1st Choice: From 1400, _____ to 1200, _____
Alternate: From 1400, _____ to 1200, _____

APARTMENT(S) REQUESTED (1, 2, 3, and/or 4):

1st Choice: _____ Alternate: _____

GUESTS/DEPENDENTS:	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

1. PAYMENT: Check # _____ in the amount of _____

2. Add photo copy of Military ID.

STATEMENT OF UNDERSTANDING

I have read, understand, and will abide by the instructions set forth in AIRSTAACYINST 1710.4F. I accept full responsibility for any damages or injuries resulting from the actions of myself or my family and guests during the period of my occupancy. I understand that I may be required to leave the facility without a refund for violation of this Instruction.

(Member's Signature) (Date)

For Office Use Only: Receipt Date: _____ Confirmed Date(s): _____ Apt #(s): _____ Combos: _____ # of Beach Passes: _____ Special RQST(s): _____
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