TEMPORARY GUEST QUARTERS REGISTRATION FORM

NAME:_____ RANK/PAYGRADE:_____
LAST, FIRST, MIDDLE INT

STATUS_____ (ACTIVE DUTY, RESERVE, RETIRED, CIVILIAN)

DEPENDENT'S NAMES AGE DEPENDENT'S NAMES AGE

1. _____ _____ 3. _____ _____

2. _____ _____ 4. _____ _____

PRESENT DUTY STATION;_____ (OR HOME ADDRESS)

PHONE: ( )_____-_____ CELL PHONE _____POINT OF CONTACT:_____

NEW DUTY STATION:_____ PHONE: ( )_____

SPONSOR'S NAME:_____ PHONE: ( )_____

MAKE OF VEHICLE:_____ REGISTRATION:_____
(LIST INFO FOR VEHICLE THAT WILL BE ON BOARD TRACEN) NUMBER & STATE

CHECK ONE ITEM: *A COPY OF EITHER PCS ORDERS, ETO, PCS MESSAGE, LEAVE AUTHORIZATION (CG-2519), OR ADMIN TRAVEL ORDERS MUST BE ATTACHED

( ) PCS-INCOMING* ( ) DOD ACTIVE DUTY MBR( ) PCS OUTGOING* ( ) RETIRED

( ) PCS OUTGOING ( ) RELOCATION/FAMILIARIZATION* ( ) RESERVE ( ) ACTIVE DUTY MBR ON LEAVE*

( ) OTHER_____(explanation required – can be continued on reverse)

DATE TEMPORARY QUARTERS ARE REQUESTED: FROM: _____(check in) TO: _____(check out)

I AM AWARE OF AND UNDERSTAND THE FOLLOWING:

1. **NO PETS ALLOWED!**
2. **NO SMOKING**
3. RESERVATIONS MUST BE CONFIRMED 48 HOURS PRIOR TO ARRIVAL IN CAPE MAY OR THEY WILL AUTOMATICALLY BE CANCELLED.
4. IF RESERVATIONS HAVE BEEN CONFIRMED AND I FAIL TO CHECK IN WITHOUT NOTIFYING THE MWR OFFICE OF A DELAY, THE QUARTERS MAY BE REASSIGNED AND I WILL BE CHARGED FOR THE DAYS THE QUARTERS WERE LEFT UNOCCUPIED.
5. NO HOUSEKEEPING SERVICES ARE PROVIDED. I AM SOLELY RESPONSIBLE FOR THE CLEANLINESS OF THE QUARTERS AND UPON CHECKOUT THE QUARTERS MUST BE READY FOR IMMEDIATE OCCUPANCY. SHOULD I FAIL TO COMPLY WITH THE PROVISIONS OF THIS INSTRUCTION REGARDING THE CLEANLINESS OF THE QUARTERS ASSIGNED TO ME OR THE PROPERTY THEREIN, I UNDERSTAND THAT A CLAIM WILL BE PROCESSED THROUGH TRAINING CENTER CAPE MAY'S LEGAL OFFICE AS INDICATED IN TRACENCMINST 11101.4H.
6. I WILL CHECK-IN BETWEEN 1300 AND 1530.
7. I WILL CHECKOUT BETWEEN 0800 AND 1000. IF SOONER, I WILL GIVE MWR A 24 HOUR ADVANCE NOTICE.
8. CHECKOUT AND CHECK-IN IS NOT PERMITTED ON WEEKENDS OR HOLIDAYS.
9. I HEREBY CERTIFY I HAVE READ TRACENCMINST 11101.4H, AGREE WITH ITS TERMS AND ACCEPT ITS CONDITIONS.

MEMBER'S SIGNATURE_____ DATE:_____

QUARTERS ASSIGNED:_____ ( ) CONFIRMED (CANCELLED)

/MWR:_____ DATE_____

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard.

1. **AUTHORITY** which authorizes solicitation of the information: 10 USC 1475-1480. 10 USC 2771.
2. **PRINCIPAL PURPOSE(S)** for which information is intended to be used:
   (1) Collect proper identification of members requesting to use the TRACEN temporary guest quarters and for payment purposes.
   (2) Identify members who may owe funds to the TRACEN MWR fund for recoupment.
3. **ROUTINE USES** which may be made of the information:
   (1) Recoup amounts owed to MWR after vacancy of temporary guest quarters.
4. **DISCLOSURE** of the information is voluntary, but failing to provide this information may result in non-assignment to temporary guest quarters.