

Monti Physical Fitness Facility

Reservation Form:

(315) 772-4936

Point of contact for the reservation request:

Name/ Rank: _____ Unit: _____

Phone Number: _____ Email: _____

Number of Lanes: _____ Number of Participants: _____

What is the Request in support of?

____ Unit Sport Day ____ Private Organization ____ COC/COR

____ Turf ____ ACFT Room

Date and time of reservation: (one per page)

Month: _____ Date: _____ From: _____ To: _____

What facilities are you requesting?

____ Pavilion 1 ____ Pavilion 2 ____ Pavilion 3 ____ Field 1 ____ Field 2

____ Field 3 ____ Indoor Turf ____ Turf Room ____ MPR3 ____ MPR4

Initial:

____ I understand that if granted permission to utilize facilities, it is my responsibility to ensure all AR 215-1 Fitness Facility policies remain in effect.

____ Unit police call will be conducted. Trash receptacles are to be emptied prior to departure and any equipment that may have been moved or utilized is returned.

____ I acknowledge that there is a \$50 rental fee for pavilions.

____ I acknowledge that there is a \$100 rental fee for fields.

(Signature)

(Date)

Received by: _____

Manager Signature: _____

(Date)