MONTI PHYSICAL FITNESS FACILITY RESERVATION FORM

Point of Contact for	this Reservation Req	uest:			
Name / Rank : Unit:					
hone Number:Email:Email:					
What is the request i	in support of:				
Town Hall / Pre	-Deployment Fair _	UNIT Sports D	ayP	rivate Organiza	tion
COC / COR					
Date and Time of Re Month: (Do not forget setup	Day:		То:		
What facilities are yo	ou requesting:				
PAVILION #1	PAVILION #2	PAVILION #3	FIELD #1	FIELD#2	FIELD #3
BASKETBALL CC	OURTSMPR 3	MPR 4	POOL		
request. i.e., pre-dep I understand i policies remain in eff equipment or saunas It is unit respo tape / Duct Tape is no	if granted permission ect. Children 12 y/o a onsibility to provide t	nything not fitness it is my responsibi and under are not a heir own <u>Mat Tape</u> covering.	related. lity to ensure authorized to e to secure the	all AR 215-1 Fit use Cardio equi	ness facility pment, weight
I acknowledge upon proper clean up		ental fee for pavili	ons. \$25 clean	up deposit tha	t is refundable
Signature		Date			
For Office Use Only:					
Received by:		Date:			
QUESTIONS	S CAN BE ADDESSED Ilo	BY CONTACTING: I yd.k.smith.naf@ma		h at 315-772-4	806 or