

Monti Physical Fitness Facility

Reservation Form

Point of contact for the reservation request:

Name/Rank: _____ Unit: _____

Phone Number: _____ Email: _____

What is the request in support of:

____ Unit Sports Day ____ Private Organization ____ COC/COR
____ ACFT Training ____ Other

Date and time of reservation: (one day 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 ____ MPR 3 ____ MPR 4

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: _____