

**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    \_\_\_\_\_ Pool

**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 \$75 rental fee for pavilions.

\_\_\_\_\_ I acknowledge that there is a \$110 rental fee for fields.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

Received by: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

\_\_\_\_\_

(Date)