



Facilities Use Request Form

(version 4.0 April, 2023)

Name and date of birth is required for all 18+ individuals using facilities.

Your Information		Visitor Information (if different)	
Name		Name (use page 2 if needed)	DOB MM/DD/YYYY
Email		Arrival Date	
Address		Departure Date	
Cell Phone		Arrival and Departure Time	
		# of Children	# of Adults
		Will Alcohol be Present? No	# and Type of Pets

Facilities Requested		Type of Participants	
<input type="checkbox"/> RV/Trailer Site	<input type="checkbox"/> Consolidated Club	<input type="checkbox"/> Active Duty Military	
<input type="checkbox"/> Tent Camp Site	<input type="checkbox"/> Aquatic Center	<input type="checkbox"/> Dependent of Active Duty	
<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Salamander Canyon	<input type="checkbox"/> Active Duty Military (PCS)	
<input type="checkbox"/> Two Rock Bowling	<input type="checkbox"/> Gym (Main Room)	<input type="checkbox"/> Retired Military & Dependents	
<input type="checkbox"/> Large/Small Pavilion	<input type="checkbox"/> Youth/Community Center	<input type="checkbox"/> Sponsored Guest	
<input type="checkbox"/> Lake Area (Picnic/Gazebo)	<input type="checkbox"/> Softball Field	<input type="checkbox"/> I will follow the policies as outlined in the attached documents.	

Vehicles

of Vehicles & License

of RV's or Trailers & License

of Motorcycles & License

Details about the request

List everyone 18+ in your party. Name and date of birth is required for all 18+ individuals needing sponsorship.

Name:

DOB MM/DD/YYYY

Organization:

Name:	DOB MM/DD/YYYY	Organization:

Sign this document with a digital signature or typed signature

Date

Point of Contact

Facility Manager

MWR Director

Chief, Finance Dept.