

## USCG BASE SAN JUAN MWR DIVISION RIO BAYAMON COAST GUARD HOUSING REQUEST FOR FACILITY USAGE



|   |                             |                      | Resident       | Other       |
|---|-----------------------------|----------------------|----------------|-------------|
| $1.\ \mathbf{Request}$ for (chec                | : <b>k one):</b> Large Acti | vity Rm Small        | Activity Room_ |             |
| a) Date:  | b) From to                  | hours           c) D | ay of week     |             |
| 2. <b>P.O.C/Requestor:</b><br>a) Requestor's f  | ull name:                   |                      |                |             |
| b) Complete hor                                 | ne address:                 |                      |                |             |
| c) Telephone: h                                 | ome                         | work                 | cel            |             |
| B. <b>Additional Inform</b><br>a) Type of Activ | nation:<br>ity:             |                      |                |             |
| b) For whom (na                                 | ame):                       |                      |                |             |
| c) Relationship                                 | to Requestor:               |                      |                |             |
| d) Number of gu                                 | iests:                      |                      |                |             |
| e) Will there be                                | alcohol at this even        | it? Yes No           |                |             |
| ROOM SET UP BY: RE                              | EQUESTOR                    |                      |                |             |
| PODIUM:   | YES                         | NO                   |                |             |
| STAGE   | YES                         | NO                   |                |             |
| PROJECTOR                                       | YES                         | NO                   |                |             |
| SOUND SYSTEM                                    | YES                         | NO                   |                |             |
| KITCHEN   | YES                         | 110                  |                |             |
| COPIER  | YES                         | NO                   |                |             |
| # OF TABLES                                     |                             | 110                  |                |             |
| # OF CHAIRS                                     |                             |                      |                |             |
| # OF CHAIRS                                     |                             | HAND                 |                |             |
| COVID-19  | MASK                        | HAND                 | GLOVES         |             |
| PRECAUTION                                      | MASK                        | SANITIZER            | GLUVES         |             |
| TAKEN   | OTHER                       |                      |                |             |
| REQUESTOR IS R<br>INCLUDING TAK                 | ESPONSIBLE FOR              |                      | G OF THE ROO   | M AFTERWARI |
| FOR OFFICE U                                    | JSE ONLY                    |                      |                |             |
| Date Requested                                  | : Empl                      | lovee Initial:       |                |             |
|   | :Quoted                     |                      |                |             |
|   | oved: Disapp                |                      |                |             |
| Customer infor                                  | med: Date                   | _ mual               | . 1 mne        |             |