



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



**Resident**  **Other**

1. **Request for (check one):** Large Activity Rm.  Small Activity Room  Pool   
 a) Date: \_\_\_\_\_ b) From \_\_\_\_\_ to \_\_\_\_\_ hours c) Day of week \_\_\_\_\_

2. **P.O.C./Requestor:**  
 a) Requestor's full name: \_\_\_\_\_  
 b) Complete home address: \_\_\_\_\_  
 c) Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cel. \_\_\_\_\_

3. **Additional Information:**  
 a) Type of Activity: \_\_\_\_\_  
 b) For whom (name): \_\_\_\_\_  
 c) Relationship to Requester: \_\_\_\_\_  
 d) Number of guests: \_\_\_\_\_  
 e) Will there be alcohol at this event? Yes  No

ROOM SET UP BY:	<b>Requestor</b>			
PODIUM:	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
STAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PROJECTOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
SOUND SYSTEM	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
KITCHEN	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
COPIER	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
# OF TABLES	_____			
# OF CHAIRS	_____			
TABLES LAYOUT	SIDE x SIDE <input type="checkbox"/>	SQUARE <input type="checkbox"/>	U-SHAPE <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHAIRS PER TABLE	_____			
NEED SIGNS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
SIGNS INPUT	_____			

WE HAVE ICE AVAILABLE UPON REQUEST  
**REQUESTOR IS RESPONSIBLE FOR THE  
 CLEANING OF THE ROOM AFTERWARDS.**

**FOR OFFICE USE ONLY**

Date Requested: _____ Employee Initial: _____
Quoted Deposit: _____ Quoted Fee: _____ # of guest: _____
MWR Dir. Approved: _____ Disapproved: _____ Initial: _____ Date: _____
Customer informed: Date _____ Initial _____ Time _____