## Outdoor Locker/Equipment Reservation Request

Event/Reason:	Attendance #:	
Reservation Date:	Reservation Time:	
	FROM:	TO:
Primary Contact Name:		
Work Phone:	Cell/Personal Phone:	
Email Address:		
Unit Name:		
Outdoor Locker/Equipment Request		
☐ Camp Kinser	☐ Camp Courtney	
□ MCAS Futenma	☐ Camp Hansen	
☐ Camp Foster	☐ Camp Schwab	
What is the equipment being used for? Please be detailed in your response.		
Is this event being sponsored? If "yes" provide details.		
Is this a community relations event? If "yes" provide details.		
Are you planning on bringing any equipment? If "yes" please list.		



d location, I am responsible for cing all trash in the proper receptacles.
s retuned unserviceable or incomplete,
ost if lost, stolen, or damaged beyond repair.  st Marshall's office and installation Athletic Fitness center
equipment during the time of reservation, the individual wil future.
CONTAINERS are allowed on the
uipment will be held financially responsible for any ng from the specific event or activity.
S) will not be held responsible for any lost, stolen, or utilizing the facilities being rented.
nd assume responsibility for their own health and safety.
S) is not liable for injuries sustained during
nt to cancel, postpone, or alter arrangements for any
with the above terms and conditions.
that I shall be the on-site person responsible for my and Regulations on this page, and as the responsible wed by my group.
Date
ffice Use
Staff Signature &

