

**2012 DEEL COMMUNITY CENTER (CC) ROOM RESERVATION REQUEST FORM**  
**Military Functions**

Ballroom	CAPACITY: 100
Conference Rooms 1 & 2	CAPACITY: 40
Conference Room 3 & Mini Theater	CAPACITY: 70
Oasis Lounge	CAPACITY: 40

**No Usage fee for Official Military Functions (e.g., Retirements, Promotions, Re-enlistments, Commander's Call):**  
Monday – Friday, 0900-1700 only (Exception: Guard Weekend)

**Terms and Conditions (please read and initial each item)**

\_\_\_\_\_ I understand that, although rare, mission-related requirements may cause this reservation to be cancelled.

\_\_\_\_\_ I understand that I am responsible for the set-up and clean-up of the utilized room(s) unless other arrangements have been made and approved by the Deel CC Manager. This includes but not limited to, cleaning tables, emptying trash, vacuuming the floor, etc.

\_\_\_\_\_ I will return the room(s) to its original configuration upon completion of my function.

\_\_\_\_\_ I will abide by all facility rules and will be financially responsible for any damages to the facility and or its furnishing's.

\_\_\_\_\_ One of the POC's listed on this form will be at the event at all times.

\_\_\_\_\_ The Teen Center is a separate activity within this facility and at no time should the center be entered except in the case of an emergency.

\_\_\_\_\_ The Deel CC has a PA system with CD, radio and microphone capabilities. The sound system is the property of the 92d Communications Squadron and therefore the system will not be moved from its current location.

\_\_\_\_\_ Smoking in front or around this facility is not authorized. The designated smoking area for this facility is the dumpster housing area. Smokers must dispose of their smoking materials.

\_\_\_\_\_ Children 16 and under must be supervised at all times by an adult.

\_\_\_\_\_ Confetti is not be permitted inside or outside of this facility at anytime.

\_\_\_\_\_ Candles should be in an enclosed container and must be extinguished prior to departing the facility for the evening.

\_\_\_\_\_ Plants may only be moved when coordinated with the Deel CC Manager.

\_\_\_\_\_ In the case of a fire or fire alarm activation, quickly but safely, exit the facility to the dumpster area and call 911.

**Events requesting consumption of alcohol:**

**Reservations for events that will be serving alcohol must be made 60 days prior to the event date**

\_\_\_\_\_ Will alcohol be served: Yes \_\_\_\_\_ or No \_\_\_\_\_ If no skip to the events with food section?

\_\_\_\_\_ Alcohol served within this facility must be catered through Aramark. Please contact Aramark at (509) 244-2162.

\_\_\_\_\_ Request for events with alcohol within 60 days of the event will be considered but not guaranteed. The Deel CC Manager will contact the Youth Programs Manager to discuss logistical requirements. You will be notified on \_\_\_\_\_ as to whether the request may be granted.

\_\_\_\_\_ I have read and fully understand the memorandum "Authorization for the Sale of Alcohol in Designated 92d Force Support Squadron Activities".

\_\_\_\_\_ I understand alcoholic beverages should remain inside the facility at all times.

**Events with food:**

\_\_\_\_\_ I understand that pot lucks are authorized within this facility but catered food must be catered through Aramark. Please contact an Aramark representative at (509)244-2162

Additional information:

Room to be reserved: \_\_\_\_\_ Ballroom \_\_\_\_\_ Conf Rm 1 \_\_\_\_\_ Conf Rm 2 \_\_\_\_\_ Conf Rm 3 \_\_\_\_\_ Oasis

Function: \_\_\_\_\_

Person/organization making request: \_\_\_\_\_

Date of function: \_\_\_\_\_ Time – From: \_\_\_\_\_ to: \_\_\_\_\_

Alternate Date(s): \_\_\_\_\_ Time – From: \_\_\_\_\_ to: \_\_\_\_\_

Ceremonial Practice date(s): \_\_\_\_\_ Time – From: \_\_\_\_\_ to: \_\_\_\_\_

POC: \_\_\_\_\_ Duty #: \_\_\_\_\_ Home #: \_\_\_\_\_

Alternate POC: \_\_\_\_\_ Duty#: \_\_\_\_\_ Home#: \_\_\_\_\_

Commander/Deputy Commander or First Sergeant's, name, rank and phone number: \_\_\_\_\_

Estimated number of people attending: \_\_\_\_\_

Requested equipment: Check all that is required and give quantities if applicable.

Non-Folding Chairs (# \_\_\_\_\_) / Folding Chairs (# \_\_\_\_\_) / Tables (# \_\_\_\_\_) Podiums (# \_\_\_\_\_) / PA \_\_\_\_\_

Projector \_\_\_\_\_ / Laptop \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_

DATE: \_\_\_\_\_

Staff Use Only:

Date Reservation Form Received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Staff Inspection Initials: \_\_\_\_\_ /Date: \_\_\_\_\_ /Key(s) issued: \_\_\_\_\_