

**MWR DIEGO GARCIA RECREATION AREA RESERVATION AGREEMENT**

(NEED TO ACCOMPLISH AT LEAST **TWO WEEKS** PRIOR TO AN EVENT)

|                               |                                     |
|-------------------------------|-------------------------------------|
| Name: _____                   | Command: _____                      |
| DSN Phone: _____              | Rank/Rate: _____                    |
| Reservation Date: _____       | Home Phone: _____                   |
| Number of Participants: _____ | Hours Required: _____               |
| Type Of Function: _____       | Will Alcohol Be Served: YES      NO |

Hours Required: \_\_\_\_\_  
**\*\*If "YES", requires Department Head & NSF XO's Signature AND Alcohol License from the BIOT Clerk of the Court \*\***

**CHECK AREA REQUESTED:**

- |                                  |                  |                                  |
|----------------------------------|------------------|----------------------------------|
| SEABEE PARK                      | SHORT PIER       | JAKE'S PLACE                     |
| YE OLE SWIMMING HOLE             | FLEET REC AREA - | VBALL COURT #1                   |
| CANNON PT PICNIC AREA            | MINI PAVILLION   | VBALL COURT #2 W/ MINI PAVILLION |
| THUNDER COVE/TENT CITY PAVILLION |                  |                                  |

**TERMS OF AGREEMENT**

**AS THE SPONSOR I WILL COMPLY WITH THE FOLLOWING:**

**YES      NO**

1. Responsible for **cleaning/securing/upkeep** of the picnic area
2. Ensure alcohol beverages will only be consumed in the picnic area.
3. Ensure that all individual at my function conduct themselves appropriately at all times.
4. Ensure that the resources, equipment and furnishings are not damaged.
5. Ensure all functions terminate **NLT 2400**.
6. Ensure compliance with the Navy Regulations and Island law. **Please Note: NO glass containers are allowed on the beach.**
7. I have read and understand the attached regulation (DGREGCOORDINST 1700.1 series)

**ALCOHOL REQUEST/AGREEMENT FOR MWR RECREATIONAL AREAS**

As the Department Head or Squadron Commander of \_\_\_\_\_, I am aware that alcohol will be served at this function to be held at \_\_\_\_\_ on \_\_\_\_\_. I agree to brief the requestor on the practice of responsible drinking during this function. In accordance with DGREGCOORDINST 1700.1series I have informed the requestor that alcohol may not be sold nor will money, tips or gratuities be accepted for the serving of alcohol at their function. I have informed the requestor that there must be non alcoholic beverages available, If the function is beyond two hours quality food must be available. I have informed the requestor this is if any individuals appear to have consumed too much alcohol they will no longer be served alcohol. I have informed the requestor they must insure a designated responsible individual will remain on site the duration of the event to ensure that the conduct and behavior of all attending is in compliance with the UCMJ and BIOT laws

|  |   |
|--|---|
| _____<br>Print Name and Signature of Department Head | _____<br>Signature of NSF Executive Officer |
|--|---|

|                               |            |
|-------------------------------|------------|
| Signature of Requestor: _____ | Date _____ |
|-------------------------------|------------|

|  |            |
|--|------------|
| Approved by: _____<br><small>NSF MWR DEPUTY DIRECTOR / FLEET READINESS PROGRAM MANAGER</small> | Date _____ |
|--|------------|

**FOR THUNDER COVE/TENT CITY PAVILLION**

|   |            |
|---|------------|
| Approved by: _____<br>USAF PACAF Representative<br>(Printed Name and Signature) | Date _____ |
|---|------------|

**FOR MWR USE ONLY**

|  |            |
|--|------------|
| Received by: _____<br>(Printed Name and Signature) | Date _____ |
|--|------------|