



USAG Bavaria

Conference Room Usage Request Center Hours 0900-2300

Requestor Name

Last, First MI.

Requestor Unit or Organization

Event Date Primary

Event Date Alternate

Number of Patrons (200 Max Occupancy)

Contact #

Purpose of Event

FRG, HAIL and FAREWELL ECT....

Set-Up (Requestors Responsibility)

_____ (NLT Time)

Clean-Up (Requestors Responsibility)

_____ (NLT Time)

Closure Inspection (Requestor & Installation Representative)

_____ (NLT Time)

Is Food Being Served

YES* NO

Do you request use of Food Prep/Service Items

YES* NO

**If yes you must provide clean up detail*

Are Alcoholic Beverages Being Served

YES* NO

**If yes you must contract with FMWR*

Do you request use of Bar/Beverage Service items

YES* NO

**If yes you must provide clean up detail*

Additional Information for the Request

Disclaimer use of facility constitutes acknowledgement of responsibility for any damages that occur from patrons use of the facility

Requestor Signature