

Last Frontier Community Activities Center (LFCAC) Ballroom Reservation Request					
Unit/Organization:			Submission Date:		
Type of Event:			Max Occupancy: TBD Estimated Attendance:		
Date/Time of Event:	Date	Time	Date/Time of Set-up:	Date	Time
Name of Requester:			Phone Number:		
Email:					
Supervisor's Name:			Phone Number:		
Email:					
Date/Time of Issue:	Date	Time	Meet at Ballroom for key and equipment issue		
Date/Time of Turn-in:	Date	Time	Meet at Ballroom for Inspection Turn-in		
Requester Signature					

Disclaimer: Use of facility constitutes acknowledgement of responsibility for any damages that occur from patrons' use of facility

Directorate of Plans, Training Mobilization and Security (DPTMS) Approval				
Date/Time Request Received:	Date	Time	In Person	Email
Approved	Disapproved	Disapproval Reason:		
Approval Official:	Printed Name		Phone Number:	Date
Signature				
Date Standard Operating Procedures (SOP) given/emailed:				