

THEATER RESERVATION REQUEST

REQUESTERS NAME:
DATE OF REQUEST:
ORGANIZATION:
DAYTIME PHONE:
OFF DUTY PHONE:
GOVERNMENT E-MAIL:
DATE AND TIME REQUESTED:
FUNCTION DESCRIPTION/NOTES:
No Comm Support Available
NO COMM SUPPORT AVAILABLE

Limited communication support is available. Training is required for Requester assumes responsibility of the facility and equipment. The facility / to include restrooms will be cleaned. trash removed and building secured by the requester.

Issues with equipment or the facility will be reported to the Outdoor Adventure Center. Facility key will be issued at the Outdoor Adventure Center during regular hours of operation. Monday - Friday 11 am - 5 pm and Saturday 10 am - 1 pm

Requester Signature and Date: _____

-Forward this completed request to oadstaff@outlook.com

-Subject your email request: THEATRE/DATE REQUIRED/ YOUR ORGANIZATION

-Email confirmation receipt of this request will be received by the requester within two business days.

****REQUESTS NOT FULLY COMPLETED WILL NOT BE ACTIONED****