

MWR DIEGO GARCIA R & R SITE 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: _____
(SEE ATTACHED LIST OF PARTICIPANTS)

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 ****

Over Night: YES NO
Open Fire: YES NO (if yes, need approval from NSF XO and Brit XO)

TERMS OF AGREEMENT

AS THE SPONSOR I WILL COMPLY WITH THE FOLLOWING:

YES NO

1. Responsible for **cleaning/securing/upkeep** of the area
2. Ensure alcohol beverages will only be consumed on site.
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 compliance with the Navy Regulations and Island law. **Please Note: NO glass containers are allowed on the beach.**
6. Ensure to obtain pass from the BIOT police for each participant.
7. If open fire will be approved ensure to inform the Fire Department.
8. I have read and understand the attached regulation (DGREGCOORDINST 1700.1series)

Signature of Requestor: _____ Date _____

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

Print Name and Signature of Department Head _____ Date _____

Approved by: _____ Date _____
NSF MWR DEPUTY DIRECTOR /FLEET READINESS PROGRAM MANAGER

Approved by: _____ Date _____
NSF EXECUTIVE OFFICER

Approved by: _____ Date _____
British EXECUTIVE OFFICER

FOR MWR USE ONLY

Received by: _____ Date: _____
(Printed Name and Signature)

R & R SITE RESERVATION

DATE: _____

TIME: _____

LAST NAME	FIRST NAME	RANK	RATE	COMMAND

NOTE: NEED TO ATTACHED THIS TO THE RESERVATION FORM