

Connect 4
Reservation Form

As of: 02/021

Please review event calendar at SJFSS.com or call us prior to completing form.
Website is available to members that have a Common Access Card (CAC) and can access a .mil website

Start Time: _____ End Time: _____ Estimated Attendance: _____

Date of Function: _____ Name of Function: _____

Time of event should include time needed for set-up and break down

Room(s) Reserved: F _____ F _____ F _____

Point Of Contact: _____

Email Address: _____

Cell #: _____ Duty #: _____ Squadron: _____ Office Symbol: _____

Alternate POC: _____

Email Address: _____

Cell #: _____ Duty #: _____ Squadron: _____ Office Symbol: _____

Function Fees And Charges

Cleaning Deposit (Refundable)

Amount Due: **\$25.00**

Credit Card Number* _____ Exp: _____ Zip Code: _____

*A ~~100~~

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Please read carefully and initial alongside each item.

_____ Event POC is responsible for facility/equipment/clean up/trash associated with the event. **We will call you back if the facility has not been left the way it was found.** In the event that we have to call you back you **WILL NOT** receive your deposit back.

_____ Event POC is responsible for ensuring base access for all personnel without a military I.D. (function attendees and catering personnel) (Visitors Center 722-1343).

_____ Event POC is responsible for securing any outside support required for the event. (Sound & AV: 4 CS 722-2666)

_____ When applicable, event POC acknowledges receipt of keys for the facility, and acknowledges assumption of responsibility for facility condition and security if event start/stop time is outside facility operating hours. Keys should be signed out from the Community Center admin office @ Eagles Landing **between 0800-1200 the duty day prior to the event.**

_____ Local caterers and restaurants **ARE NOT** authorized to sell or dispense alcohol on Seymour Johnson AFB. Additionally, customers **ARE NOT** authorized to bring in their own alcohol for consumption or sale during an event. All requests for alcohol sales and/or service require bar service be scheduled.

_____ I am acknowledging I have received a cleaning checklist and assume responsibility for cleanliness and damages. The cleaning checklist must be returned with the key after your event.

Turn form over for additional information

_____ No glitter, confetti, or candles with flames are allowed in the facility.

_____ Guests **ARE NOT** allowed to tack/nail anything to the walls, doors or ceilings.

_____ Event POC and Guests **ARE NOT** allowed to remove or move any furnishings or carpeting.

_____ I understand that I will lose my deposit if I do not request it within **ONE MONTH** from the date of my event.

As the event POC, I understand that I am responsible for abiding by the terms and conditions set forth in this contract.

Event POC Signature

E-mail completed reservation form to 4FSS.FSVC@us.af.mil or drop off at Eagles Landing

Cleaning Checklist

IMMEDIATELY after your event, complete each item on this form. It **IS NOT** acceptable to delay cleaning until the following day. Use the provided cleaning solutions on serving surfaces, doors, windows, and floors. **DO NOT** leave crumbs, trash, tables, chairs, or cleaning items out. The facility should be left exactly how it was found, if not we will call you back to fix anything incorrect.

Notes:

* If setting up the day or night before an event please note **the CPPO staff IS NOT responsible** for items left unattended.

* There is **NO** smoking within 50 feet of the building, sidewalks, or parking area.

	Yes	No
Trash containers emptied and cleaned.	___	___
Tables & chairs cleaned and returned to assigned location.	___	___
Hard surface floors swept and mopped.	___	___
Doors cleaned inside and out, free of prints or food.	___	___
Garbage emptied into outside dumpster.		
All decorations removed with no residue remaining.	___	___
Turn off all lights.	___	___
Check outside building & parking areas. Pick up any trash & place it in the outside trash container	___	___
Double check that all doors are securely closed and locked.	___	___

___ I certify that I have inspected Connect 4 and the outside area, and I have performed the above listed items and returned this checklist (and all Connect 4 keys) to the Community Center staff at Eagles Landing. Note any building issues on the back of this form.

Event POC _____ Event date _____

Caterers Name _____ Company Name _____

Community Center Staff only - do not write below this line:

Staff Name: _____ Date _____

Time _____

Did Facility meet standards? _____

If no list here

Charges \$ _____

Customer Signature for fees charged _____