



Unit Family Readiness Events
RECREATION AREAS

UNIT:
POC/HOST:
PHONE #:

DATE OF EVENT:
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LOG CABIN – MCAS BEAUFORT

Location requested:

Usage Fee:

Number of guests expected to attend:

The key to the facility can be checked out at the De'Treville House aboard MCAS Beaufort. MCCS will provide a cleaning checklist when the key is signed out to ensure the facility passes inspection after utilization. The checklist must be signed and returned with the key immediately following your event.

COMMUNITY CENTER – PARRIS ISLAND

Location requested:

Usage Fee:

Number of guests expected to attend:

The key to the facility can be checked out at Outdoor Recreation aboard MCAS Beaufort. MCCS will provide a cleaning checklist when the key is signed out to ensure the facility passes inspection after utilization. The checklist must be signed and returned with the key the first business day following your event.

SHADY POINT – MCAS BEAUFORT

Location requested:

NO FEE

Number of guests expected to attend:

The key to the picnic area can be checked out at Outdoor Recreation aboard MCAS Beaufort. The area must be cleaned and all trash must be taken to the dumpster. The key must be returned the first business day following your event.

ELLIOTTS BEACH

Location requested:

NO FEE

Number of guests expected to attend:

The area must be cleaned and all trash must be taken to the dumpster.

The host must be present for entire event. They must be 21 years of age or older, and will assume all responsibility for liability as it relates to damage and guests. The host understands assumes all liability and responsibility for food and beverages that are brought into the facility or onto the premises.

By signing below, you are confirming that this is an official UPFR event. If applicable, you agree to have the facility usage fee for this event charged to your unit's Family Readiness Funds Account.

UNIT FAMILY READINESS FUNDS ACCOUNT:

Requester's
SIGNATURE:

DATE:

Approver's
SIGNATURE:

DATE:

Submit this form to your respective MCCS Coordinator.

FACILITY CONTACTED: _____ POC: _____

CONFIRMATION RECEIVED FROM FACILITY: _____ DATE: _____

NOTES: _____