



341st FORCE SUPPORT SQUADRON
AIRMAN & FAMILY SERVICES FLIGHT
MALMSTROM AFB, MT



AUDITORIUM RESERVATION REQUEST

The Auditorium is available to the Malmstrom community for official and unofficial functions. Priority will be given to all official functions. All user requests must be approved by the Youth Director.

EVENT POC: _____ RANK _____
POC DUTY PHONE: _____ CELL PHONE _____
EMAIL ADDRESS: _____
SQUADRON/ORGANIZATION: _____
DATE(S) REQUESTED: _____
START TIME: _____ END TIME: _____

TYPE OF EVENT:

OFFICIAL FUNCTION: _____
APPROXIMATE ATTENDANCE _____

UNOFFICIAL FUNCTION: _____
APPROXIMATE ATTENDANCE _____

CONCESSIONS:

The concession stand will be available for functions upon request. Will you require concession support for your event? ***NOTE: A \$50 minimum gross sales guarantee required.**

☐ NO

☐ YES

***NOTE: Outside food/refreshments are prohibited.**

FEES:

Based on the length of the event entered above the Event POC agrees to pay a use fee of:

☐ \$20.00 per hour. Estimated cost will be: _____

CANCELLATION AND REFUND POLICY:

I understand I may notify the Youth Center 24 hours prior to my event without penalty. I further agree to pay all expenses incurred by the Youth Center for cancellations less than 24 hours in advance unless otherwise waived by the Youth Center Director. Event POC signature: _____

AUDITORIUM RESERVATION REQUEST

I have read and concur with policies and information entered into this agreement

Event POC Signature: _____ Date: _____

STAFF USE ONLY

☐ Copy of policies given to Event POC

METHOD OF PAYMENT: ☐ Cash ☐ Check ☐ Credit Card

AUDIO VISUAL SUPPORT: ☐ YES ☐ NO

CONCESSION SUPPORT: ☐ YES ☐ NO

CANCELLATION:

Date notified: _____

Notifying Official: _____

Notifying Official's relationship to the event being cancelled: _____

Refund issued: ___ No ___ Yes Amount: _____

STAFF MEMBER'S SIGNATURE

DATE