DFMWR RESERVATION REQUEST FORMFill in information below

Name of Requesting Unit/Organization POC (Name of responsible patron)	
Date(s) of Function	Start/Finish Time of Function
Type / Purpose of Function	
# of attendees	☐ YES ☐ NO Is catering required?
☐ YES ☐ NO Is there a VIP list? If yes organization the event.	ion must provide a list of VIP's invited to and attending
I	am not holding a function or activity fit. I understand IAW DoD Regulation 5500-7-R I for personal or private gain.
☐ YES ☐ NO Is the facility being utilized for must provide a request for fundraising.	a fund raising activity? If yes organization
Requestor's Signature	Date
Special requests or remarks	