## **DFMWR RESERVATION REQUEST FORM**Fill in information below

Name of Requesting Unit/Organization	
POC (Name of responsible patron)	
POC Phone Number	POC Email Address
Date(s) of Function	Start/Finish Time of Function
Type / Purpose of Function	Facility/Field Requesting
<b> </b>	☐ YES ☐ NO Food? Is Photography allowed?
☐ YES ☐ NO  Is there a VIP list? If yes organization mus the event.	t provide a list of VIP's invited to and attending
I	
☐ YES ☐ NO  Is the facility being utilized for a fundamust provide a request for fundraising.	d raising activity? If yes organization
Requestor's Signature	Date
Special requests or remarks	