

ROOM RESERVATION REQUEST

RAF FELTWELL COMMUNITY ACTIVITY CENTER

- 1) Personnel wishing to reserve the facility, or any part of the facility, must complete this application.
- 2) The Main Reception room may not be reserved during operational hours, as this is a public area.
- 3) Personnel wishing to use the facility must comply with the Feltwell Community Activity Center (FCAC) directives, as outlined in facility Operating Instructions, as well as all associated USAF, USAFE and Base regulations.
- 4) Room reservations are made on a first come, first served basis. However, base, military and facility functions will take priority, which could result in a cancellation of a private event. When a situation occurs which causes a cancellation, the maximum notice will be given. However, it should be understood that the nature of the military environment may lead to unavoidable short notice given.
- 5) Large events or reservations outside of the FCAC's normal operating hours, where extra FCAC staff may be required, must be booked at least 4 weeks in advance. This will allow adequate staffing requests to be planned. Any large bookings not made outside the 4-week deadline risk being disapproved due to lack of manning.
- 6) When reserving the FCAC, the overall time booked must include sufficient time for set-up and clean-up. If the FCAC is reserved for use outside of its operational hours a fee of \$20.00 per hour will be charged, with a deposit of \$20.00 required at time of reservation. Unless otherwise approved by the Director of FCAC.
- 7) Users are responsible for setting up the room requested, and for the breakdown and clean-up upon completion. This includes taking out the trash, clearing away any remaining food scraps, empty cans, etc., and vacuuming or mopping as necessary.
- 8) Cancellations MUST be made a minimum of 72 hours in advance of reservation date. Any cancellation made after this time period will result in the forfeiture of the deposit. If the function over-runs the booked time slot, 15 minutes grace will be given. After that a penalty fee will be charged on a pro-rate scale appropriate to the length of time the function has over-run by.
- 9) The FCAC is a designated Non-Smoking facility and users must abide by this directive.
- 10) Alcoholic beverages are not permitted in the facility, with the exception of beer and wine coolers. Wine or champagne may be bought by the FCAC on behalf of customers for special occasions. At least 2 weeks' notice is required to special order these items. Dram shop theory will be enforced by all FCAC staff, and users are advised that their guests will be subject to the Dram shop rules.

- 11) All beer, soda, juice and coolers must be purchased from the FCAC. Requests for large quantities. I.e. for 10 people or more, or more than 2 cases of the same item, must be received and paid for 2 weeks in advance.
- 12) Parties booking the facility may only bring cold food, or hot food which is not required to be kept hot. No stenos, hot plates, slow cookers or crackpots may be operated in this facility. Hot food may be catered by either Club, or a registered base organization with certified food handlers.
- 13) Hot food may be catered by either Club, or a registered base organization with certified food handlers.
- 14) Any entertainment provided for a private party must be cleared through the Director prior to the event. The FCAC Management has the right to refuse permission for any entertainment considered to be in bad taste or in breach of any conduct regulations.
- 15) The FCAC is open to children under the age of 10 years only if accompanied by a parent or guardian. Where specific children's events are booked, the ratio of 8 children to 1 adult must be maintained.
- 16) The legal age for drinking in the United Kingdom is 18 years of age. Any people found passing alcoholic beverages to minors will be reported to the Security Police immediately.

A copy of this form will be given to the requester, upon completion, as a reminder of the policies and procedures. Room availability should be checked prior to the completion of this form.

NAME:	DUTY	PHONE NUMBER:	
	PSC & BOX		
HOME PHONE:	ROOM	M REQUESTED:	
DATE OF EVENT/s:	TIME FROI	M:	_TO:
DATE OF EVENT/s:	TIME FROI	M:	_TO:
DATE OF EVENT/s:	TIME FROM	M:	_TO:
facilities. NOTE: TIMES DEPOSIT PAID: Y/N	S BOOKED MUST INCLU	JDE SET UP AND	CLEAN UP.
·			
EVENT TITLE:			
APPROXIMATE NUMBER OF	F PEOPLE ATTENDING:		
I understand the above pol	licies and procedures, and agre	ee that I and my guest	s will abide by them.
SIGNATURE:		DATE:	

ACCEPTING MEMBER OF STAFF PRINTED NAME: _



Start Date: _	
Amount Paid:_	
Receipt Number:_	

Cleaning Checklist:

Play Area/ Cafe:
1. Carpets and floors are free of crumbs, stains and generally well cleaned.
2. TV is off and unplugged.
3. All eating areas are wiped down and cleaned.
4. All trash has been collected and removed from facility.
5. All tables, chairs and other furniture have been returned to their original location
6. All food brought in by the customer has been removed.
Common Area:
1. Equipment is wiped down and clean.
a. All equipment and furniture returned to their original locations.
2. All games, DVD's, etc are returned to their rightful places, and
a. None are missing, broken or scratched.
3. All electronics are turned completely off.
4. Carpets and floors are free of crumbs, stains and generally well cleaned.
5. All furniture has been returned to their original location.
6. TV is off and unplugged. Piano is closed, pool table is covered.
Art/ Dance Room:
1. No supplies have been utilized in these rooms. Only space is allowed to be utilized
2. Furniture is returned to its rightful location.
3. Floor and area are cleaned, free of crumbs and trash.
4. Trash is taken out.
Facility As a Whole:
1. All trash has been collected and removed from the facility.
2. All doors are closed, and locked.
3. All windows are closed and locked.



Community Activities Center Payment Agreement and Credit Card Auto pay Authorization

Child (ren) Last Nam	e, First:												
Name of Sponsor:													
Cell Phone: Duty Phone:													
Email Address:													
Instructional Class	ss (es):												
Payment Schedule/I	Program	Site:											
		t of Moi	nth = In	structio	onal								
	☐ O ₁	ne Time	Payme	ent = Ev	vent/Bi	rthday/	Room 1	Res.					
	Ea	ach Spo	rt/ Instr	ructiona	al -Reg	istered							
(initial) I under schedule. If my pays an additional \$5 lat *If payment continu- removed from progr By signing below, I a	ment de te fee pe es to be am.	eclines, er day. decline	and fee	es not possible of meth	paid by	7 1730 (ontinua	on my p	payme	nt sche	dule, I	will be	charge will be	
due for services I have				•						· •		J	
Signature	This do Requires saf	cument con leguarding a							012 & EO				
Credit Card Nun	nber:												
Type of Card Cardholder Name (as] Visa	ars on t	ne card`);;	[Mast	terCard	l					
Billing Address:						_Bi	lling A	ddress	Zip Co	de:			
3 Digit CVV Code													