

# FACILITY/FUNDS REQUEST USCG TRACEN YORKTOWN

**REQUEST FOR:**

- FACILITIES ONLY (No roster needed)
- FUNDS ONLY (Attach class roster with ages)
- FACILITIES and FUNDS (Attach class roster with ages)

**REQUEST FOR FUNDS MUST BE RECEIVED SEVEN (7) DAYS BEFORE THE PARTY DATE**  
(PLEASE PRINT NEATLY AND LEGIBLY)

**REQUESTOR INFORMATION:**

NAME/Last: \_\_\_\_\_ First: \_\_\_\_\_ Rank: \_\_\_\_\_

Division: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**FACILITY REQUEST \***

- Volleyball Pit
- Racquetball Court 1
- Racquetball Court 2
- Gym Court
- Pavilion #1
- Pavilion #2
- Softball Field
- Other \_\_\_\_\_

*\* You must receive approval from those facilities prior to turning in request.*

**PARTY INFORMATION:**

- Permanent Party
- Student
- Retirement

Date Requested: \_\_\_\_\_ Time (From: \_\_\_\_\_ To: \_\_\_\_\_) No. Attending: \_\_\_\_\_

Division: \_\_\_\_\_ Class Duration (6+ Wk's only) \_\_\_\_\_ Class number: \_\_\_\_\_

**FUNDS:** PayPal account required to receive funds. Provide name and number of member receiving funds.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**ALCOHOLIC BEVERAGES:** Request to consume alcoholic beverage in the above designated area.

- YES
- NO

**AUTHORIZATIONS:**

As the CPO/CLASS ADVISOR SPONSORING this party, I fully understand my responsibilities as sponsor and understand Training Center Yorktown's policies concerning parties and enforcement of the legal drinking age.

|                      |                          |      |
|----------------------|--------------------------|------|
|                      |                          |      |
| SIGNATURE OF SPONSOR | PRINT/TYPE NAME AND RANK | DATE |

As the Division Officer, I fully understand my responsibilities for the groups conduct onboard TRACEN Yorktown. I concur with conducting this party at the date and time specified herein.

|                                      |                          |      |
|--------------------------------------|--------------------------|------|
|                                      |                          |      |
| SIGNATURE OF DIV/BRANCH/SCHOOL CHIEF | PRINT/TYPE NAME AND RANK | DATE |

- Requested facilities, dates and services for this party are:  APPROVED  DISAPPROVED
- Consumption of Alcoholic Beverages in designated area is:  APPROVED  DISAPPROVED

Modifications are noted herein:

\_\_\_\_\_

|                                     |                 |      |
|-------------------------------------|-----------------|------|
|                                     |                 |      |
| SIGNATURE OF MWR APPROVING OFFICIAL | PRINT/TYPE NAME | DATE |