**MWR FACILITY REQUEST   
USCG TRACEN YORKTOWN**

*(PLEASE PRINT NEATLY AND LEGIBLY)*

**REQUESTOR INFORMATION:**  Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY REQUEST:**  [ ] Volleyball Pit [ ] Pavilion #1 [ ] Racquetball Court [ ] Pavilion #2 [ ] Cardio Court [ ] Softball Field   
[ ] Gym Court [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTY INFORMATION:**  Permanent Party Student Retirement

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time - From: \_\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_ No. Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***\* You must receive CO approval prior to requesting facilities space with alcohol. TCY INST 5353.1 (series)***

***\* You must receive CO approval prior to requesting facilities space with alcohol. TCY INST 5353.1 (series)***

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