

HURLBURT FIELD FITNESS CENTER RESERVATION REQUEST

****Reservations can only be made 1 week in advance. Please allow 2 duty days for response****

REQUESTED DATE: _____ START TIME: _____ END TIME: _____

REQUESTOR: _____ RANK: _____ DSN: _____ CELL: _____

E-MAIL: _____

REQUESTOR: _____ RANK: _____ DSN: _____ CELL: _____

E-MAIL: _____

UNIT/ORGANIZATION: _____ EXPECTED PARTICIPANTS: _____

TYPE OF EVENT: ___ UNIT PT ___ SPORTS DAY ___ SPECIAL EVENT ___ REGULAR ___ FUNDRAISER*(NOTE 8)

INDOOR VENUES

ADERHOLT BASKETBALL COURTS	A	B	ADERHOLT RACQUETBALL COURTS	A	ADERHOLT GROUP FIT ROOM
				B	STRETCH ROOM
SPIN ROOM	INSTRUCTOR NAME: _____				
			COMMANDO RACQUETBALL COURTS	A	RIPTIDE MULTI-PURPOSE ROOM
				B	

OUTDOOR VENUES

SOFTBALL FIELD 1		SOCCER/FOOTBALL FIELD	A	ALPHA WARRIOR	
SOFTBALL FIELD 2			B	HOCKEY RINK	
COMBAT FIT EAST	INSTRUCTOR NAME: _____				
COMBAT FIT WEST	INSTRUCTOR NAME: _____				
BEAVER FIT PAD					

RESERVATION POLICY--PLEASE READ AND INITIAL:

- ___ 1. Reservations must be submitted at least 3 duty days prior to event. Please allow 2 duty days for response and approval.
- ___ 2. Reservations cannot be made during fitness center peak hours.
- ___ 3. I understand I am liable for any damage incurred to property, facility or equipment while in my possession.
- ___ 4. Alcohol is NOT PERMITTED in/on the fitness center complex. (Softball Field, Soccer Field, Basketball Court)
- ___ 5. Animals are not permitted in/on the fitness center complex.
- ___ 6. The using unit/organization is responsible for set-up/tear-down and cleaning of the area TO INCLUDE TRASH REMOVAL during use of outdoor facilities. Noncompliance will result in disapproval of further unit/organization reservation requests.
- ___ 7. Reserved courts, fields or rooms will return to an available status in the event of a no show. (15 min grace period)
- ___ 8. Reservations are subject to change or cancellation as mission requires, at any time at the discretion of the fitness center management. A staff member will make every attempt to notify the requestor as soon as possible, should this occur.
- ___ 9. I will contact a Fitness Center staff member immediately if I have any concerns regarding my reservation.
- ___ 10. All fund raisers must be approved by the 1 SOFSS/FSVS.
- ___ 11. All reservations will be canceled during HURCON 3 and above.
- ___ 12. I have read and understand the Hurlburt Field Fitness Center and Sports Complex Reservations Policy.

SIGNATURE OF REQUESTOR

DATE/TIME

SPORTS STAFF SIGNATURE

SHIFT SUPERVISOR/NCOIC SIGNATURE

REQUEST: ___ APPROVED ___ DISAPPROVED

*****Email request to 1SOFSS.FSVS.FitnessCenter@us.af.mil*****