

RECREATIONAL FACILITIES RESERVATION FORM

NAME: LAST	FIRST	MI	RANK	CELL PHONE#
UNIFORMED USCG () USN () USMC () SERVICE: USAF () USA () NOAA () USPHS ()			STATUS	
DUTY STATION (IF APPLICABLE)			HOME ADDRESS (INCLUDING ZIP CODE)	
WORK PHONE (WITH AREA CODE)			HOME PHONE (WITH AREA CODE)	
RESERVATION DATES REQUESTED:			UNIT REQUESTED:	NUMBER OF PEOPLE STAYING IN THE UNIT:
PRIMARY	Check In:	Check Out:	WEST CHOP LIGHT ()	
1 ST ALT	Check In:	Check Out:	NANTUCKET ()	
2 ND ALT	Check In:	Check Out:		
RENTAL				
FOR BOTH MARTHA'S VINEYARD AND NANTUCKET RECREATIONAL FACILITIES PER DAY				
OFF-SEASON (11/1-3/31) \$95.00		SEASONAL (4/1-10/31) \$130.00		
# of days _____ X Daily Rate _____ = PAYMENT ENCLOSED: \$ _____				
MAKE CHECK/MONEY ORDER PAYABLE TO "USCG AIR STATION CAPE COD MWR"				
CREDIT CARDS (circle one) VISA/MC/DISCOVER/AMEX				
CARD # _____		Expiration Date _____		
Signature: _____				

ACTION BY RESERVATION APPROVING AUTHORITY:	
RESERVATION CONFIRMED FOR THE PERIOD OF:	
FROM _____ (HOURS) TO _____ (1100 HOURS)
RENTAL FEE RECEIVED / RETURNED: \$ _____	
_____ RESERVATION OFFICIAL	_____ DATE

Privacy Act Statement

In accordance with the 5 USC 522 (E) (3), the following information is provided to you when providing personal information to the U.S. Coast Guard:

Authority which Authorized Solicitation of the Information: 14 USC 2.

Principal Purpose for which Information is intended to be used:

1. Provides the administrator with the number of persons intending to use the facility so that a convenient time of use can be scheduled.
2. Provides the administrator with inclusive dates of intended occupancy. The information is necessary for scheduling and assignment of periods of occupancy.
3. Provides information to determine and ensure that those seeking to use the facility are, in fact, eligible to use the facility in accordance with current directives.
4. Provides a record of who is using the facility at what time for purposes of emergency contact and assessing any damage to the facility.
5. Provides a listing of all occupants at the facility at any given time for safety reasons in case of fire and other emergencies, which require the evacuation of the building.

The routine use of the information is for the evaluation within the Air Station Cape Cod Morale, Well-Being, and Recreation Department to determine eligibility for use of the facility and the scheduling of same, assessment of any damage to the facility, and return lost items to owners.

Disclosure of this information is voluntary and not required. However, failure to provide it may result in cancellation of the request.

STATEMENT OF UNDERSTANDING

In consideration for the use of the Facility, I agree to the following payment in accordance with the current rental rate schedule.

1. I understand that the U.S. Government is not liable for any accident that might occur while my family, dependents, and/or guests occupy the facility.
2. I understand that I will be held liable for all damages to the facility caused by my family, dependents, and/or guests.
3. I understand and agree to the requirements of AIRSTANOTE 1710 concerning the use of the facilities.
4. I understand that NO PETS are allowed.
5. I understand that MWR is not liable for any transportation costs on/off the island.

Signature of the applicant/sponsor