

**OSAN FITNESS AND SPORTS COMPLEX
RESERVATION APPLICATION**

REQUESTER: _____ **RANK:** _____ **DSN:** _____ **CELL:** _____

ALTERNATE POC: _____ **RANK:** _____ **DSN:** _____ **CELL:** _____
(Mandatory)

E-MAIL ADDRESS: _____ / _____
(Requester) (Alternate POC)

UNIT/ORGANIZATION: _____ **EXPECTED PARTICIPANTS:** _____

TYPE OF EVENT: **Regular** **Sports Day** **Special Event** **Fundraiser* (note point 8)**
(Please Circle)

Please specify: _____

LOCATION (circle one):

Indoor Venues

Basketball Court 1 A / B

Basketball Court 2 A / B

Aerobics Room

Spin Room (attach instructor's name and certificates)

Racquetball Court

PT Stretch Room

Outdoor Venues

Softball Field 1

Softball Field 2

Mustang Field

PT Pad

Batting Cages

Mustang Track

(Must be approved by Director or Section Chief)

REQUESTED DATE(S): _____ **START TIME:** _____ **END TIME:** _____

PLEASE READ AND INITIAL:

- _____ 1. I have read and understand the Osan Fitness & Sports Complex Reservation Policy.
- _____ 2. I understand I am liable for any damage incurred to property, facility or equipment while in my possession.
- _____ 3. I will contact a Fitness Center staff member immediately if I have any concerns regarding my reservation.
- _____ 4. Reservations are subject to change or cancellation as mission requires at any time at the discretion of the complex manager. A staff member will make every attempt to notify the requester as soon as possible, should this occur.
- _____ 5. 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. Non-compliance will result in disapproval of further unit/organization reservation requests.
- _____ 6. Reserved courts or fields will return to an available/open status in the event of a no show (15 minutes after reserved time).
- _____ 7. All reservations will be cancelled during the following typhoon condition: Outdoor at TC-2 and Indoor at TC-1.
- _____ 8. All fundraisers must be pre-approved by 51 FSS/FSR, Private Organizations POC Mr. Kim @ 784-5748.

SIGNATURE OF REQUESTER

TIME & DATE

Employee's Name

Shift Supervisor/NCOIC

Fitness Center Director/ Section Chief

REQUEST: APPROVED DISAPPROVED