



Unit Family Readiness Events
BOWLING CENTER & MOVIE THEATER - FACILITY USAGE AGREEMENT

UNIT:
POC/HOST:
PHONE #:

DATE OF EVENT:
START TIME:
END TIME:

BOWLING CENTER
NORMAL HOURS OF OPERATION
MCAS BEAUFORT MCRD PARRIS ISLAND
MONDAY CLOSED CLOSED
TUESDAY CLOSED CLOSED
WEDNESDAY 1600-2100 1600-2100
THURSDAY 1100-2100 1600-2100
FRIDAY 1600-2300 1600-2300
SATURDAY 1300-2300 1300-2300
SUNDAY 1300-1800 1300-1800
Location requested:
Number of hours facility will be used (2hr min):
Do you plan to bring food into the facility?
Outside food and beverages are permitted for unit functions; however they cannot compete with the Bowling Center concession stand and must remain in the party room. The unit will be responsible for cleaning up the party room and ensuring food that is brought into the facility is not left behind. Concession machines are not permitted in the facility.
Number of guests expected to attend:

MOVIE THEATER
NORMAL HOURS OF OPERATION/SHOWTIMES
MCAS BEAUFORT MCRD PARRIS ISLAND
MON-WED CLOSED CLOSED
THURSDAY 1900 CLOSED
FRIDAY CLOSED 1900, 2100
SATURDAY 1400, 1630, 1900 CLOSED
SUNDAY CLOSED 1400, 1630, 1900
Location requested:
Number of hours facility will be used (3hr min):
Guest arrival time: Showtime:
Do you plan to bring food into the facility?
Outside food is permitted for unit functions; however it cannot compete with the theater concession stand. The unit will be responsible for cleaning up their food area and ensuring food that is brought into the facility is not left in the theater. Concession machines and outside beverages are not permitted.
Number of guests expected to attend:

The event host must be present for the entire event. They must be 21 years of age or older, and will assume all responsibility for liability as it relates to damage and guests. The host understands the food policy mentioned above and assumes all liability and responsibility for food brought into the facility.

By signing below, you agree to have the facility usage fee of \$75 per hour charged to your unit's Family Readiness Funds Account.

FACILITY USAGE FEE: # OF HOURS \_\_\_\_\_ X \$75 = \_\_\_\_\_

UNIT FAMILY READINESS FUNDS ACCOUNT: \_\_\_\_\_

Requester's SIGNATURE:

DATE:

Approver's SIGNATURE:

DATE:

Submit this form to your MCCS Coordinator to schedule your unit function.

FACILITY CONTACTED: \_\_\_\_\_ POC: \_\_\_\_\_
CONFIRMATION RECEIVED FROM FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_
MOVIE SELECTED (IF APPLICABLE): \_\_\_\_\_
NOTES: \_\_\_\_\_