



Fairchild AFB Theater Registration Form



Contact Information

POC Name: _____

Rank: _____ Squadron: _____

E-Mail: _____ Phone: _____

Alternate POC Name: _____

Rank: _____ Squadron: _____

E-Mail: _____ Phone: _____

Event Information

Event Date(s): _____

Reservation Start Time: _____ Reservation End Time: _____

Wi-Fi: _____ Est. Attendance: _____

ON OFF

Crowd Manager Name (if 50+ people): _____

Event Type

- | | |
|--|---|
| 1. Awards Ceremony <input type="checkbox"/> | 5. Promotion Ceremony <input type="checkbox"/> |
| 2. Commander's Call <input type="checkbox"/> | 6. Retirement Ceremony <input type="checkbox"/> |
| 3. Graduation <input type="checkbox"/> | 7. Other: <input type="checkbox"/> |
| 4. Private Party <input type="checkbox"/> | _____ |

Questions or Comments

Responsibility Agreement

Event POC and alternate POC are responsible for ensuring that the facility is cleaned (swept, trash to dumpster, replace trash bags) and secured prior to departing facility.

X