

CAMP ROBERTS FACILITY REQUEST FORM

The purpose of this form is to allow a non-profit or community service type entity to utilize Camp Roberts under the use of a Short-term revocable License.

1. How do you see your interaction with Camp Roberts helping to further the California National Guard mission for Camp Roberts which is the “training, mobilization and security of the National Guard, Army Reserve and Active Components Units in Support of Federal, State and community missions?”

2. **Official name of requesting organization (as per insurance liability form):**

3. **Organization point of contact:**
 - a. Name:
 - b. Address:
 - c. City, State, Zip Code:
 - d. Telephone Number:
 - e. E-mail (if available):

If the individual listed above is not authorized to sign a contract, please indicate the name and title of the person who is authorized.

Name:

Title:

4. **Organization Status:** Profit Non-Profit

5. **Explain the use of the facility** by either attaching a memo on organization letterhead (if available) or on a separate sheet of paper providing a detailed explanation of events to take place, to include start and end date(s) and time period(s).

6. **Set up:** Date Start Time: End Time:

- Event:** Date(s) Start Time: End Time:

- Tear down:** Date Start Time: End Time:

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7. **Facility/Support Requested:**

Dining Facility (DFAC)	Distance Learning Center (DLC)	Chapel
Gym/Fitness Center	Theatre	Barracks
Classroom	Athletic Field	Latrines
Laundry room	Morale Welfare & Recreation (MWR)	
Other		

(Note: If dining is required, it must be coordinated with the Dining Contractor or USPFO)

8. **Will an admission be charged for this event or a fee charged to participants?**

Yes No If yes, requires further legal review.

9. A minimum of \$1,000,000 Certificate of Liability Insurance policy naming Camp Roberts Training Facility as an additional insured is required. Attach the insurance policy or if self-insured, provide self-insurance policy.

Requestor (Print Name)

Title of Requestor

10. Supervisor of Operations:

Approved

Denied

Date

DPTMS signature
(Director of Planning, Training, Mobilization and Security)

Comments: