

Command/Organization:	Point of Contact:		Office Phone:		
			Mobile Phone:		
Contact Email:	Guaranteed # Guest	t:	Date of Meeting:		
			□ Sun □	Mon □ Tue □ Wed □ T	`hu □ Fri □ Sat
Meeting Start Time:	Meeting End Time:			Food Serve Time:	
Location: (Movie Room)		Type of Meeting/Set Up Style: #Chairs			
Any changes or cancellations	must be submitted at le	ast 4 ho	ours in a	dvance. Any outside	food and/or
beverages is not permitted, l	oringing in any unauthor	rized ou	ıtside fo	od and/or beverages	may affect
any future bookings	for whole ship, command	d, or or	ganizati	on at our MWR Faci	lity.
Food – Beverages – Additiona	Tivotes.				
By signing this you understan	d and agree to our polici	ies liste	d above	•	
Facility Signature/Taken By:			Date:		
Client Signature:			Date:		

Please email: nbsdwaterfrontbluegold@us.navy.mil For more information please call: 619-556-9478