

REQUEST FOR SPECIAL FUNCTION/FUNDRAISING EVENT

Date:

Requesting Organization:

Ref: (a) MCIPACO-MCBBO 5760.2

Event Description

Fundraising	Special Event	Community Relations Event
Date and Time of Event	Location	

Purpose:

Items to be sold:

Description of any requested DoD support (use of any building/area, structure for signage, manpower, chairs/tables, etc.):

Alcohol to be consumed? Yes No

By my signature below, I certify that I understand any violations of the reference may result in the termination of this event and denial of future fundraising activities/special events sponsored by this organization.

Requestor's Full Name	Signature	Date

Email Address: _____ Phone Number: _____

ENDORSEMENTS

Facility Manager Endorsement

From:
Permission is granted to utilize the requested location on the date and time indicated above once final approval for the request has been granted.

Additional comments:

Name	Signature	Date

MCCS Community Services Coordinator (Bldg 410, Rm 200/253-4109) (All events)

Yes No Approved/Current PO Request does not exceed quarterly limit
Comments:

Name	Signature	Date

Station Safety (Bldg 757/253-6380) (Events which pose a risk to public safety or involve known/unknown environmental impact)

Recommendation	Signature	Date
Approve Disapprove		

Comments:

Provost Marshal (Bldg 608, 2nd Floor) (Events involving alcohol)

Recommendation	Signature	Date
Approve Disapprove		

Comments:

Fire Department (Bldg 6119/255-1122) (Events involving an open flame/fire hazard)

Recommendation	Signature	Date
Approve Disapprove		

Comments:

**Preventive Medicine (Bldg 110, Public Health Reception Desk 3d Floor/255-8400)
(Events involving food and drinks)**

Recommendation	Signature	Date
Approve Disapprove		

Comments:

**Environmental (Bldg 100, Environmental Receptionist, 1st Floor/253-6963)
(Events with known/unknown environmental impact)**

Recommendation	Signature	Date
Approve Disapprove		

Comments:

Staff Judge Advocate (Bldg 1, Rm 216/253-3913)

Recommendation	Signature	Date
Approve Disapprove		

Comments:

Executive Officer, MCAS Iwakuni (Bldg 1, Rm 200)

Final Decision	Signature	Date
Approved Disapproved		

Comments: