



JBPHH Makai Recreation Center 1859
McChord St. Phone: 449-3354

Reservation Form
Makai Ballroom Paid
(Hours of Operation: Monday - Friday 0900-1900)

Date of Event: _____ Type of Event: _____

Start Time: _____ End Time: _____ Expected Attendance: _____

Set-Up Time Requested: _____

Sponsor Name: _____ Unit/Org: _____ Rank: _____

Duty(Work) Phone: _____ Cell Phone: _____

Email: _____

Read and Initial:

- _____ Utilization Fee is \$50 (tables and chairs) and \$50 an hour
- _____ We will be allowed one hour prior for set up and half hour to clean up no charge
- _____ Sponsor is responsible for setting up and tearing down tables/chairs, take out trash and cleanup of Ballroom
- _____ No alcohol beverages will be served
- _____ No kitchen available, if food is served, the sponsor assumes all responsibility for public health issues
- _____ Sponsor will be responsible for all guests at their event. If passes are required for Non-military to be allowed on base, sponsor must coordinate with Base Pass & ID 449-6563
- _____ The full amount of your party/event must be paid at the time of your reservation
- _____ In the event that you cancel a reservation the following cancellation policy will apply:
After 2 weeks: Full Refund More than 2 weeks: \$50.00 charge 48 hours prior: 50% refund
- _____ The sponsor will agree to pay for any damages of furniture and equipment in the Ballroom during your reserved event
- _____ Sponsor understands that this is not a private place to hold meetings (Instructional classes are held throughout the week.)
- _____ Sponsor understands that A/C is currently broken and it can get hot.
- _____ No more than 200 patrons are allowed.
- _____ Fundraisers, Child Care or Baby Sitting Services are not allowed. The purpose of the event may not be direct competition with MWR, AAFES, NEX and Commissary operations.

For more information email: makarec@greatlifehawaii.com

Acceptance: Sponsor, _____ (print name), agrees that they have read, understand, and been briefed on all of the above information regarding reservations and policies.

Signature: _____ Date: _____

For Official Use Only

Staff Booking Event: _____ Date: _____

Comments: _____

Director's Initials verify approval of event: _____