



Our Community*Our Airport*Our Future

FACILITY USE REQUEST / AGREEMENT

Applicant to Comply With Instruction For Preparation of this Application

Please type or print legibly. All items must be filled in, incomplete forms will not be accepted. The applicant, by signing this request has acknowledged that applicant has read and understood the "Facility Use Policy", and agrees to be bound to all the conditions contained therein. Availability and rates are subject to change without notice. See the "Facility Use Fee Schedule" for the current rates.

CONTACT INFORMATION

NAME	ADDRESS
COMPANY	
PHONE	

EVENT INFORMATION

DESCRIPTION OF EVENT

DATE OF EVENT	TIME OF EVENT	DURATION OF EVENT	NUMBER OF ATTENDEES
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ROOM REQUESTED <input type="checkbox"/> SKYWAY TERRACE <input type="checkbox"/> _____ <input type="checkbox"/> AMBOY ROOM "A" <input type="checkbox"/> _____ <input type="checkbox"/> AMBOY ROOM "B" <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	SPECIAL REQUIREMENTS (if available; i.e., podium, flags, chairs, tables, etc.) <small>(Sketch layout on reverse side of this form)</small>
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SIGNATURE AND REVIEW INFORMATION

SIGNATURE OF APPLICANT	DATE	FEES Room Charges _____ Security Deposit _____ Insurance Required [NO] / [YES] (see attached condition)
COMMISSIONER OF AVIATION	DATE	

IF APPROVED SUBJECT TO CONDITION, ATTACH CONDITIONS HERETO

APPROVED DENIED CONDITIONAL