

Sabre Cinema

Reservation Form As of: February 2022

Please review availability on reservations calendar at
WWW.SJFSS.COM/SABRE-CINEMA
or call us prior to completing form.

Date of Function: _____ Name of Function: _____

Start Time: _____ End Time: _____ Estimated Attendance: _____

Time of event should include time needed for set-up and break down

ALL unofficial events must be go days out in order to be reserved

Visual Equipment Use: Required Not Required

Audio Equipment Use: Required Not Required

Point Of Contact: _____

Email Address: _____

Cell #: _____ Duty #: _____ Squadron: _____ Office Symbol: _____

Alternate POC: _____

Email Address: _____

Cell #: _____ Duty #: _____ Squadron: _____ Office Symbol: _____

Please read carefully and initial alongside each item.

_____ Event POC is responsible for all set-up, tear-down, and facility/equipment clean up associated with the event. I am acknowledging I have received a cleaning checklist and assume responsibility for cleanliness/damages. **We will call you back if the facility is not left the way it was found.**

_____ Event POC is responsible for ensuring base access for all personnel without a military I.D. (Visitors Center 722-1343).

_____ Event POC is responsible for securing any outside Sound & Slides support required for the event. (4 CS 722-2666)

_____ Event POC acknowledges receipt of keys for the facility, and acknowledges assumption of responsibility for facility condition and security. Keys should be signed out from the CPPO admin office @ Eagles Landing **between 0800-1200 the duty day prior to the event.**

_____ Local caterers and restaurants **ARE NOT** authorized to sell or dispense alcohol on Seymour Johnson AFB. Additionally, customers **ARE NOT** authorized to bring in their own alcohol for consumption or sale during an event.

_____ No glitter, confetti, or candles with flames are allowed in the facility.

E-mail completed reservation form to 4FSS.FSVC@us.af.mil or drop off at Eagles Landing

As the event POC, I understand that I am responsible for abiding by the terms and conditions set forth in this contract.

Event POC Signature

Employee Signature

Theater Cleaning Checklist

IMMEDIATELY after your event, complete each item on this form. It is not acceptable to delay cleaning until the following day. Use the provided cleaning solutions on surfaces, doors, windows, and floors. **DO NOT** leave crumbs, trash, tables, chairs, or cleaning items out.

Notes:

* If setting up the day or night before an event please note **the CPPO staff is not responsible** for items left unattended.

* There is **NO** smoking within 50 feet of the building, sidewalks, or parking area. There is a designated smoking area beside the Sabre Cinema (Picnic table with canopy in grassy area between Bowling Center and Sabre Cinema).

	Yes	No
All food, drink, trash removed from stage area and seating area.	___	___
All food, drink, trash removed from lobby.	___	___
Trash containers emptied and cleaned (replace with new bag.)	___	___
Trash emptied into outside dumpster.	___	___
Tables & chairs cleaned and returned to assigned location.	___	___
Podiums cleaned and returned to assigned location.	___	___
Hard surface floors swept and mopped.	___	___
Vacuum all carpeted surfaces. (No crumbs, stains or spills)	___	___
All decorations removed with no residue remaining.	___	___
Bathroom garbage emptied into outside dumpster.	___	___
Check outside building & parking areas. Pick up any trash and discard in dumpster.	___	___
Stage free of debris and residue.	___	___
Sound system components return to original location and turned off.	___	___
Turn off all lights.	___	___
Double check that all doors are securely closed and locked.	___	___

_____ I certify that I have inspected the Theater and outside area, and I have performed the above listed items and returned this checklist and theater key to the Community Center staff at Eagles Landing. Note any building issues on the back of this form.

Event POC _____ Event date _____

Community Center Staff only - do not write below this line:

Staff Name: _____ Date _____

Time _____

Did Facility meet standards? _____

If no list here

Charges \$ _____

Customer Signature for fees charged _____