

# Eagles Landing

Reservation Form

As of: AUG 2024

Please review event calendar at SJFSS.com or call us prior to completing form.  
Website is available to members that have a Common Access Card (CAC) and can access a .mil website

Date of Function: \_\_\_\_\_ Name of Function: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

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

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

Room(s) Reserved:  Ballroom  Pegasus Room  Backyard

Kitchen Use:  Required  Not Required Start / Stop Time \_\_\_\_\_

Linen Steamer Use:  No  Yes

Bar Service:  No  Yes (List Start / Stop Time) **\*Bar Reservation Form Required\***  
 Kitty Hawk Bar \_\_\_\_\_  
 Mobile Bar \_\_\_\_\_  
 Pegasus Room Bar \_\_\_\_\_  
 Beer Trailer \_\_\_\_\_

Projector/ Projector Screen Use:  Required  Not Required

**\*Bar Reservation Form required for bar service\***

Point Of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Duty #: \_\_\_\_\_ Squadron: \_\_\_\_\_ Office Symbol: \_\_\_\_\_

Alternate POC: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Duty #: \_\_\_\_\_ Squadron: \_\_\_\_\_ Office Symbol: \_\_\_\_\_

### Function Fees And Charges

Item	Qty					
20 Round Table, 8 Person	Qty		Room Fee		X	=
20 Round Table, 10 Person	Qty		Bistro Tablecloth (Black or White)	\$5.00	X	=
Chairs	Qty		Round Tablecloth (Black or White)	\$5.00	X	=
			Rectangular Tablecloth (Black or White)	\$5.00	X	=
			Linen Steamer Fee	\$30.00	X	=
			Cleaning Deposit (Refundable)		X	
			Kitchen Deposit (Refundable)		X	
				\$100.00		
			Projector and Projector Screen Deposit (Refundable)	\$30.00	X	=

Amount Due: \_\_\_\_\_

Credit Card Number\* \_\_\_\_\_ Exp: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Turn form over for additional information**

*\*A Credit Card number is required for unofficial functions at the time of reservation\**

**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. **We will call you back if the room(s) have not been left the way they were found.** In the event that we have to call you back you **WILL NOT** receive your deposit back.
- \_\_\_\_\_ Event POC is responsible for ensuring base access for all personnel without a military I.D. (function attendees and catering personnel) (Visitors Center 722-1343).
- \_\_\_\_\_ Event POC is responsible for securing any outside support required for the event. (Sound & AV: 4 CS 722-2666)
- \_\_\_\_\_ Linens must be ordered, and paid for, **two weeks** prior to the event. There are no refunds once an order is placed. CPPO staff will contact you the day the order is being placed to receive payment.
- \_\_\_\_\_ The event POC is responsible for the replacement cost of linens damaged beyond repair for the amount of \$25-\$75
- \_\_\_\_\_ When applicable, event POC acknowledges receipt of keys for the facility, and acknowledges assumption of responsibility for facility condition and security if event start/stop time is outside facility operating hours. Keys should be signed out from the Community Center admin office @ Eagles Landing **between 0800-1200 the business day prior to the event, and must be returned no later than the next business day following 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. All requests for alcohol sales and/or service require bar service be scheduled.
- \_\_\_\_\_ I am acknowledging I have received a cleaning checklist and assume responsibility for cleanliness and damages. The cleaning checklist must be returned with the key after your event.
- \_\_\_\_\_ No glitter, confetti, or candles with flames are allowed in the facility.
- \_\_\_\_\_ Guests **ARE NOT** allowed to tack/nail/tape anything to the walls, doors or ceilings. Removable wall-safe tack putty may be used, but must be removed during event tear down.
- \_\_\_\_\_ I understand that I will lose my deposit if I do not request it within **ONE MONTH** from the date of my event.
- \_\_\_\_\_ The event POC is responsible for the replacement of the linen steamer if it is returned in damaged condition for the amount of \$300

**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**

E-mail completed reservation form to [4FSS.FSVC@us.af.mil](mailto:4FSS.FSVC@us.af.mil) or drop off at Eagles Landing

## **Facility Usage Fees**

### **Tier 1**

Official functions: Not subject to facility usage fees.

- Airman Leadership School Graduation
- Wing Wide promotion ceremonies
- Change of Commands
- Commander's Call
- Mandatory trainings such as Green Dot
- Official usage for retirements, promotions, or squadron activities must comply with Special Morale and Welfare (SM&W), policies authorized in AFI 34-201, Chapter 12, and Use of Nonappropriated Funds (NAFS). Activities must take place during regular operating hours.

### **Tier 2**

Unofficial Military functions: \$50 refundable cleaning deposit. Hourly room charge \$20.

#### **(Payment is needed to confirm/secure reservation)**

- Military Private Organization Fundraising Event (exception but not limited to for P.O's raising funds for base populace such as Chief's Group, First Sgts, Spouses Bazaar)
- Promotion party
- Retirement Party
- Squadron Events

### **Tier 3**

Unofficial Personal functions: \$100 refundable cleaning deposit. Hourly room charge \$50.

#### **(Payment is needed to confirm/secure reservation)**

- Anniversary/Birthday Party
- Reunion
- Wedding
- Non-Federal Entity Event

### **Heritage Hall Rooms**

Ballroom

### **Eagles Landing Rooms**

Ballroom

Pegasus Room

Kitchen (\$100 refundable cleaning deposit)

*The Force Support Squadron Commander and/or Deputy in the FSS Commander's absence, is the deciding official of all requests to waive room fees.*

## 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 serving surfaces, doors, windows, and floors. **DO NOT** leave crumbs, trash, tables, chairs, or cleaning items out. The facility should be left exactly how it was found, if not we will call you back to fix anything incorrect.

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 (Pavilion behind Eagles Landing).

	Yes	No
Vacuum all carpeted surfaces. (No crumbs, stains or spills)	___	___
Trash containers emptied into outside dumpster and cleaned.	___	___
Tables & chairs cleaned and returned to assigned location.	___	___
Hard surface floors swept and mopped.	___	___
Doors cleaned inside and out, free of prints or food.	___	___
All decorations removed with no residue remaining.	___	___
Turn off all lights.	___	___
Check outside building & parking areas. Pick up any trash & place it in the outside trash container.	___	___
Stage returned to storage area.	___	___
Double check that all doors are securely closed and locked.	___	___

\_\_\_ I certify that I have inspected Eagles Landing and outside area, and I have performed the above listed items and returned this checklist (and all Eagles Landing keys) to the Community Center staff at Eagles Landing. Note any building issues on the back of this form.

Event POC \_\_\_\_\_ Event date \_\_\_\_\_

Caterers Name \_\_\_\_\_ Company Name \_\_\_\_\_

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

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Staff Name: \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

Did Facility meet standards? \_\_\_\_\_

If no list here

\_\_\_\_\_

\_\_\_\_\_

Charges \$ \_\_\_\_\_

Customer Signature for fees charged \_\_\_\_\_

## Kitchen 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 food preparation, serving surfaces and on the floors. **DO NOT** leave standing water on any floor or counter surfaces. The facility should be left exactly how it was found, if not we will call you back to fix anything incorrect.

\* There is **NO** smoking within 50 feet of the building, sidewalks, or parking area. There is a designated smoking area (Pavilion behind Eagles Landing).

	Yes	No
Countertops wiped off and cleaned. (No crumbs, stains or spills)	___	___
Refrigerator emptied and cleaned.	___	___
Tables & chairs cleaned and returned to their original places.	___	___
Kitchen floor swept and mopped.	___	___
Warmers cleaned inside and out, free of prints or food.	___	___
Kitchen garbage emptied into outside dumpster.	___	___
All trash bins free of food or liquid residue.	___	___
Clean kitchen trash can & replace inside trash liners.	___	___
Check outside building & parking areas. Pick up any trash & place in outside trash container.	___	___
All Dishes brought in must be removed from facility after event.	___	___
All pass through doors must be cleaned and free of prints or food.	___	___
Ice machine shall be left on, and the outside must be free of prints.	___	___
Back door loading dock must be free of any trash or debris.	___	___
Double check that all doors are securely closed and locked.	___	___

\_\_\_\_\_ I certify that I have inspected the Eagles Landing kitchen and outside area, and I have performed the above listed items and returned this checklist (and all Eagles Landing keys) to the Community Center staff at Eagles Landing. Note any building issues on the back of this form.

Event POC \_\_\_\_\_ Event date \_\_\_\_\_

Caterers Name \_\_\_\_\_ Company Name \_\_\_\_\_

**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 \_\_\_\_\_