



RESERVATION FORM: INSTALLATION TRAINING

EMAIL COMPLETED REQUEST TO MiramarTheaterTraining@usmc-mccs.org

PME hours 0700-1600, requests outside this time frame must be approved by the Semper Fit Director.

COMMAND:	TRAINING/EVENT NAME:					
UNIT:			NUMBER OF ATTENDE	EES:		
MAIN ONSITE POC NAME:			ALTERNATE POC NAM	ſE:		
POC UNIT PHONE #:			ALTERNATE POC UNIT	Γ PHONE #:		
POC CELL PHONE #:			ALTERNATE POC CEL	L PHONE#		
POC EMAIL:			ALTERNATE POC EMA	AIL:		
RESERVATION DETAILS						
WEEK DAY:	DATE:	SET-UP TIME	START TIME		LUNCH/BREAK DURATION END TIME START-END TIME	
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
Recommend unit bring their		I				
* A standalone computer is available using Windows 10. There is no Wi-Fi. DVD, flash drive and hard drive can be connected to standalone computer and used for PowerPoint presentations projected onto the theater screen.						
EQUIPMENT REQUEST:						
PLEASE CHECK BOX BELOW:						
MICROPHONE: (TOTAL NUMBER	R REQUESTING)	1	2	3		
PLEASE CHECK ALL THAT APPLY:				Yl	ES	NO
PODIUM WITH ATTACHED MICROPHONE						
STAGE LIGHTS / SPOTLIGHT						
RED CURTAIN CLOSED						
RED CURTAIN OPEN WITH AMERICAN FLAG AS BACKDROP						
SCREEN DOWN FOR VIDEO AND/OR POWERPOINT PRESENTATION						
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I REQUEST THE ABOVE DATE AND TIME TO RESERVE THE BOB HOPE THEATER: DIGITAL SIGNATURE:						DATE:
OFFICE USE ONLY:						
CONFIRMED AND YES NO SCHEDULED:	MCCS REP:				DA	ГЕ:
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