

Must Be Submitted 90 Days Prior to Date of Event or Usage

Original Date:
Approval Date:
Disapproval Date:

JOINT BASE CAPE COD (JBCC) EVENT/FACILITIES USAGE REQUEST

Requester Name: <i>(Last, First, M.I.):</i>	Organization:
Agency Affiliation: <input type="checkbox"/> US Coast Guard <input type="checkbox"/> MA Air National Guard <input type="checkbox"/> US Air Force <input type="checkbox"/> MA Army National Guard <input type="checkbox"/> Other: _____	
Email Address:	Phone Number:

EVENT OR USAGE REQUEST INFORMATION

Event Attendees: Active Duty Reserve Dependents Retirees Federal Employees JBCC Community Others: _____

Event Name:	Date(s):	Purpose of Event:	
	Time(s):	JBCC POC:	PHONE:
	Location(s):	JBCC POC Email:	

Event Details:

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EVENT FACILITATOR INFORMATION

Base Access	Name of Event Facilitators	Contact Information

APPROVAL PROCESS

Date	EFSS Military/Civilian Sponsor <small>(name, rank, service & contact information)</small>	Signature
	EFSS Chairman	
	Presented to the Joint Base Cape Cod Joint Oversight Group (JOG)	
	Assistant Executive Director	

Event Approved By the Joint Base Cape Cod Joint Oversight Group (JOG) Signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Participants:

Base Access	Name of Facilitators (additional)	Contact Information

ADDITIONAL INFORMATION

NOTES:

MILITARY SERVICE PROJECT MANAGER	SIGNATURE:
EMPLOYEE AND FAMILY SUPPORT SUBGROUP (EFSS)	SIGNATURE:
ASSISTANT EXECUTIVE DIRECTOR OF JOINT BASE CAPE COD	SIGNATURE:
MANDATORY LEGAL REVIEW	SIGNATURE:
BASE ACCESS INFORMATION	SIGNATURE: