

CAPO INN CONFERENCE CENTER RESERVATION REQUEST

NAVEUR NAVSUPPACT NAPLES 11104/1 (New 3-01)

SPONSOR'S NAME (Last, First, MI)		RANK/RATE	UNIT	PHONE
E-MAIL		EVENT NAME	DATES OF EVENT START: _____ END: _____	
TIME DOOR TO BE UNLOCKED FOR SPONSOR'S ACCESS		TIME DOOR TO BE SECURED FOR THE DAY		TIME EVENT STARTS FOR GUESTS
TIME EVENT ENDS FOR GUESTS	CONFERENCE ROOM ASSIGNED	TOTAL ATTENDING	RESERVATION RECONFIRMED BY	
APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	SIGNATURE		DATE

CONFERENCE ROOM CONDITION REPORT

ITEMS	CONDITIONS BEFORE EVENT		CONDITIONS AFTER EVENT	
	YES	NO	YES	NO
TRASH CANS CLEAN/EMPTY				
TABLES/CHAIRS NEAT AND ORDERLY (Placed back in original setting)				
INVENTORY OF ITEMS COMPLETE (See attached form)				
EQUIPMENT IN WORKING ORDER				

ITEMS NOTED: (Carpet stained, table chipped, chair broken, etc.)

SIGNATURE OF CUSTODIAN	DATE	SIGNATURE OF SPONSOR	DATE
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