

Navy Region Hawaii
Morale Welfare & Recreation
BARBERS POINT BEACH COTTAGE APPLICATION

(Please read the cottage policy prior to completing. Print or type clearly.)

Date _____

Sponsor (last name, first) _____

Branch of Service _____

Rank/Rate/Grade _____

Command/Dept/Div _____

Work Address _____

Work Phone () _____

Home/Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone () _____

Cell/Pager () _____

Dates Requested _____

of Nights _____

Alternate Dates _____

of Nights _____

If all dates are booked, would you like to be placed on the standby list? Yes No

Names of all family members/guests & ages (under 21 yrs.):

(Max. 6 people – 2 bdrm cottage)

(Max. 8 people – 3 bdrm cottage)

1. _____	Age _____	7. _____	Age _____
2. _____	Age _____	8. _____	Age _____
3. _____	Age _____		
4. _____	Age _____		
5. _____	Age _____		
6. _____	Age _____		

Deposit/Payment Method: _____

Cash Amt. \$ _____

Check # _____ & Check Amt \$ _____

Credit Card # _____

Exp _____

Type _____

COTTAGES MAY NOT BE USED AS A PARTY FACILITY. VIOLATION OF THIS POLICY MAY AFFECT YOUR CONSIDERATION FOR FUTURE BOOKINGS. I HAVE READ AND UNDERSTAND THE BEACH COTTAGE POLICY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY: Phone / Mail / Walk-In / Email (circle one) ITT Agent: _____ Date: _____

CXPL: ___ COT HOP: ___ POV: ___ R/REG: ___ NOAC: ___ CHKIN/OUT TIME: ___

C # _____ CHK IN _____ CHK OUT _____ # OF NTS _____ DAILY RATE _____ TOTAL\$ _____ 50% _____

(revised 1 Jun 2003)