

# KING FIELD HOUSE RESERVATION REQUEST FORM

\*This *request form* must be approved by the *Facility Director*.

\*\*All other request forms are obsolete.

**Date(s) and Time(s) of Reservation Requested:** \_\_\_\_\_

***Requestor Information:***

Name and Rank of Requestor:

Unit/Organization Requesting:

\_\_\_\_\_  
Phone POC of Requestor:

\_\_\_\_\_  
Signature of Requestor:

\_\_\_\_\_  
Email Address of Requestor:

\_\_\_\_\_  
Date of Request:

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***Request information:***

Area Requested

Purpose of Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs:

\_\_\_\_\_  
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***Staff Member Verification***

Staff Member Taking Request: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Director's Signature for Approval \_\_\_\_\_  
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\*Requestor must provide their own detail to set up, tear down and clean up for their own event.

\*Please notify KFH of cancellations immediately.

\*Electronic requests must be verified by Director via return email verification.

\*Contact numbers for KFH (785) 239-3868/3805

\*\*\*Be advised that G-3 requests override any and all requests either approved or not.