

**Guest Last Name:** \_\_\_\_\_ **Check-in Month:** \_\_\_\_\_

**Check-in Date:** \_\_\_\_\_ **Check-out Date:** \_\_\_\_\_

Guest Information

Full Name: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ email address: \_\_\_\_\_

Unit/Organization: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Date Paid	Receipt Number	Total Days	Off Peak * \$175	Peak *\$195	Cleaning Deposit	Res. Deposit	Total
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

\* Two-night minimum

Acknowledge by initialing below:

\_\_\_\_\_ SOP Provided; \_\_\_\_\_ Inventory Provided

\_\_\_\_\_ ( ) Key(s) Issued by staff member \_\_\_\_\_

\_\_\_\_\_ ( ) Key(s) Returned to staff member \_\_\_\_\_

I have received and read the POM Outdoor Recreation (ODR) Eisenhower House Lodging Standard Operating Procedures (SOP) and agree to and am completely aware of all provisions therein. I agree to indemnify and hold harmless the Department of Family Morale, Welfare and Recreation (FMWR), [Presidio of Monterey, U.S. Army, Department of Defense, and U.S. Government] from any and all costs, charges, claims, demands and liabilities of any kind arising from the use of, participation in, or involvement with FMWR facilities, equipment, services, or programs. I understand my credit card will remain on file and FMWR shall hold me financially liable for extra cleaning, damage, or late departures as explained in the aforementioned SOP.

Signature \_\_\_\_\_ Date \_\_\_\_\_