



USCG Gonzalez Hall

Guest Rooms

787 724-0298

787 729-4320



**Guest Rooms Reservation Form**

I understand that this reservation will be held for a period of forty-eight (48) hours, in which time I must confirm my reservation with a 50%, non-refundable deposit. I understand that the balance (minus the deposit) for the above mentioned unit must be paid, in full, upon arrival date of my guests. An inspection of the unit will be done at checkout and additional fees may be assessed for broken or missing items. Further, I hereby release the United States Coast Guard, and all their Officers, Agents, or Employees, acting officially or otherwise, from all liability that may arise from my family (and/or my guests) while residing on base.

Sponsor Name: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_

Duty Station/Branch of Service: \_\_\_\_\_

Retired Branch of Service: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Alternate E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Unit size: \_\_\_ Suite \_\_\_ Double \_\_\_ Single

Check in date \_\_\_\_\_ Check out date \_\_\_\_\_

*Two nights minimum apply for suite stay and a photocopy of ID card is Required.*

Guest Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Vehicle Information** (if a rental, pass information to gate guard)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Rental Car: \_\_\_\_\_

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

**Check-In** is after **3:00 PM**. Envelope with key will be left at SSJ gate for you to pick up.

**PRINTED NAME:**

**SIGNATURE:**

Return this signed form to [Emma.R.Rodriguez@uscg.mil](mailto:Emma.R.Rodriguez@uscg.mil)