USCG BASE SAN JUAN
MWR DIVISION

U.S. COAST GUARD GONZALEZ HALL
GUEST ROOM RESERVATION FORM
(PCS/TLA/TDY/TAD)

_____ Date Reservation Submitted Guest Room # _____

Sponsor Name _____ Rank/Rate _____

Address _____

Branch/Duty Station _____

E-mail _____ Alternate e-mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

Size of Unit: ☐ Suite ☐ Regular ☐ Single

Dates Required: Arrival _____ Departure _____
(Check-in 3pm) (Check-out 11am)

Special Requirements:_____Additional Guest Charge ($10.00pp)

A copy of orders is required.

Guest Name _____

Address _____

Phone Number _____

I understand that guest Rooms are assigned on a first come first served basis. If no Guest Rooms are available for the time requested, member will be placed on a waiting list in the order in which the request was received (With any special needs taken into account). An inspection of the unit will be performed at checkout and additional fees may be assessed for damaged or missing items or incurred excessive cleaning.

Cancellation received within 72 hours to arriving date will be subject to a one night cancellation fee. (Except with the cancellation of orders)

I further understand that I will be billed every ten (10) days for my stay. It is my responsibility to collect the invoices from MWR and coordinate the TLA payment thru SPO. All balances must be paid in full upon checking out of the Guest Room.

By signing this form I accept all the regulations and requirements of Sector San Juan MWR reservation policy.

_____
Signature Date

MWR is pleased to provide this service to you. If we can be of further assistance, please do not hesitate to contact our offices at (787) 774-0298/729-4320 or by email Emma.R.Rodriguez@uscg.mil

This form needs to be sent via email to Emma.R.Rodriguez@uscg.mil in order to continue the reservation process.

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