

FUNCTION CONTRACT

THIS CONTRACT MUST BE SIGNED PRIOR TO FUNCTION DATE.

FUNCTION NAME _____

ORGANIZATION _____

DATE _____ DAY _____

I, THE UNDERSIGNED, HAVE READ, COMPLETELY UNDERSTAND AND AGREE TO THE TERMS CONTAINED IN THE INFORMATION PACKET AND THE POLICIES STATEMENT PRESENTED TO ME FOR MY FUNCTION AT ADMIRAL'S PLACE. I AM SATISFIED THAT ALL MY QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED AND ANSWERED BY THE AUTHORIZED STAFF.

FUNCTION PLANNER AUTHORIZATION (SIGN)

DATE

PRINTED NAME

DATE

ADMIRAL'S PLACE AUTHORIZATION

DATE