



ELIGIBILITY: Those with an authorized DoD ID cardholder; Active Duty, Reservists, National Guard, military retirees, current/retired DoD civilian employees, military family members with a DoD ID card, and gold star families. **Veteran Health Identification Cardholders (VHIC) & Non-DoD ID cardholders cannot sponsor or hold an event.**

SPECIAL FUNCTION AGREEMENT

DATE OF FUNCTION: _____ LOCATION OF EVENT: _____

TOTAL # OF GUESTS: _____

Mass Gathering (100+ guests) contact Security Forces/S5 for additional requirements.

Security Forces/S5: 808-448-4925

Law Enforcement Desk: 808-448-4916

Hours of Operation: 0830 – 1600 Hawaii Standard Time

Hours of Operation: 24 hours

SPONSOR LIST

(50 Guests per sponsor)

#1 SPONSOR'S FULL NAME: _____ RANK: _____ UNIT: _____

PHONE #: _____ E-MAIL ADDRESS: _____

SPONSORS DODI/SSN: _____

#2 SPONSOR'S FULL NAME: _____ RANK: _____ UNIT: _____

PHONE #: _____ E-MAIL ADDRESS: _____

SPONSORS DODI/SSN: _____

#3 SPONSOR'S FULL NAME: _____ RANK: _____ UNIT: _____

PHONE #: _____ E-MAIL ADDRESS: _____

SPONSORS DODI/SSN: _____

#4 SPONSOR'S FULL NAME: _____ RANK: _____ UNIT: _____

PHONE #: _____ E-MAIL ADDRESS: _____

SPONSORS DODI/SSN: _____

This Special Function Agreement (SFA) Form **must be submitted no later than 5 days prior** to your event.

- **On island requests** must be **submitted in person** to Security Force’s Base Defense Operations Center (BDOC) window located in Bldg. 220/Reservations.
- **Off island requests**, contact Security Forces at 808-448-4916 for guidance.

FAILURE TO COMPLY WITH THE BELOW DIRECTIONS AND INFORMATION MAY RESULT IN PROCESSING DELAYS OR ACCESS DENIAL FOR GUESTS.

HOW TO SUBMIT A GUEST LIST:

1. Go to www.bellowsafs.com/checklist-forms and click on the Special Function Access List Process image.
2. Follow all steps and directions listed.
3. Faxed, scanned, and hand-carried copies of your guest list will **NOT** be accepted.
4. Guest lists **must be submitted NO LATER THAN 5 days prior** to your event. Failure to submit list 5 days prior will delay processing or could result in your event being cancelled.

FURTHER INFORMATION:

- Special Function Agreements will NOT be processed for cabins, condos, or family campsites.
- The guest list you submit will be the final version. **ADDITIONS TO THE LIST AFTER YOUR SUBMISSION WILL NOT BE AUTHORIZED.**
- The guest list template is located at www.bellowsafs.com/checklist-forms.
- Fill out the guest list completely; failure to fill all blocks will delay processing or result in an event **denial**.
- You will list children on your guest list. They do not count as sponsorship numbers.
- **All guests 16 and older** must have a photo ID on them at all times.
 - Refer to the Real ID Act of 2005 for authorized IDs
- Foreign National Guest(s) requests must be submitted separately and **30 days** in advance.
 - Refer to the Foreign Nation Guest requirements page located at www.bellowsafs.com/foreign-guests.

SPONSOR’S INITIALS				SPONSOR’S RESPONSIBILITY STATEMENT
SPONSOR #1	SPONSOR #2	SPONSOR #3	SPONSOR #4	AUTHORIZED CARDHOLDER/SPONSOR Please read, initial each blank, and sign final statement.
				I am responsible for the conduct of my guest(s) and escort them at all times while on Bellows AFS.
				I will remain on-base with my guests for the duration of my event, including remaining overnight.
				I understand ALL guests are subject to criminal background checks prior to installation access. Guests with unfavorable information WILL BE DENIED access, regardless of sponsorship by authorized DoD ID cardholders.
				I understand that I CANNOT sponsor additional guests after my guest list has been generated.
				I understand pets are permitted from sunrise to sunset in outdoor spaces only. No overnight stays. (Service Animals allowed overnight with lawful inquiry.) <i>NOTE: Therapy/comfort animals are NOT considered “service animals” per the ADA.</i>
				I will ensure my guests know and adhere to the installation safety laws, security, and restricted/controlled areas.
				I will ensure my guests understand that their vehicle is subject to be randomly inspected by order of the installation commander.

				I will ensure my guests understand they can/will be cited for misconduct or infractions which could also result in detainment and/or removal from the installation.																											
				I understand the below occupancy levels per location and acquire additional sponsors if needed.																											
				<table border="1"> <thead> <tr> <th>RENTAL TYPE</th> <th>MAXIMUM OCCUPANCY</th> <th>MAXIMUM PER SPONSOR</th> </tr> </thead> <tbody> <tr> <td>GROUP CAMPSITE</td> <td>Day time (8 am – 10 pm): 100 Overnight (10 pm – 8 am): 75</td> <td>50</td> </tr> <tr> <td>BEACH PAVILION</td> <td>200 guests</td> <td>50</td> </tr> <tr> <td>DECK</td> <td>150 guests</td> <td>50</td> </tr> <tr> <td>MOKULUA</td> <td>75 guests</td> <td>50</td> </tr> <tr> <td>CONFERENCE ROOM</td> <td>50 guests</td> <td>50</td> </tr> <tr> <td>MINI-GOLF PAVILION</td> <td>40 guests</td> <td>40</td> </tr> <tr> <td>TRADEWIND</td> <td>30 guests</td> <td>30</td> </tr> <tr> <td>BEACHWALK</td> <td>20 guests</td> <td>20</td> </tr> </tbody> </table>	RENTAL TYPE	MAXIMUM OCCUPANCY	MAXIMUM PER SPONSOR	GROUP CAMPSITE	Day time (8 am – 10 pm): 100 Overnight (10 pm – 8 am): 75	50	BEACH PAVILION	200 guests	50	DECK	150 guests	50	MOKULUA	75 guests	50	CONFERENCE ROOM	50 guests	50	MINI-GOLF PAVILION	40 guests	40	TRADEWIND	30 guests	30	BEACHWALK	20 guests	20
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				I will ensure my guests are aware that they CANNOT sponsor or bring any other personnel on the installation.																											
				I understand that Foreign National guests will not be granted access unless/until they have been properly vetted 30 days prior to the event.																											
				I have contacted Security Forces/S5 for mass gathering checklist/parking plan requirements for 100+ guests (top of pg. 1)																											
				I understand I CANNOT submit additional lists for the same event.																											

1. SPONSOR SIGNATURE: _____ DATE: _____

2. SPONSOR SIGNATURE: _____ DATE: _____

3. SPONSOR SIGNATURE: _____ DATE: _____

4. SPONSOR SIGNATURE: _____ DATE: _____

FOR SECURITY FORCES USE ONLY

DATE SFA RECEIVED: _____ BDOC NAME: _____

BDOC SIGNATURE: _____ DATE: _____