CHAPEL FACILITY REQUEST							DATI	DATE SUBMITTED	
PROGRAM/PROJECT INFORMATION									
PRIVACY ACT STATEMENT									
AUTHORITY: 10 USC 8013									
PURPOSE Information is used to systematically schedule and control chapel facilities ROUTINE USE: None									
DISCLOSURE IS VOLUNTARY: However, chapel facilities cannot be scheduled without requested data below									
PROGRAM/ACTIVITY NAME								RECURRING	
,								ONE-TIME	
IF CHANGE, PLEASE INDICATE DATE AND TIME PREVIOUSLY SCHEDULED CHANGE									
FAITH	FACILITY		TY	EVENT					
CATHOLIC	SANCTUARY			_ DATE DA				DAY OF WEEK	
PROTESTANT	ANNEX			TILLE DI CON DECLISATED				START TIME OF SUSAIT	
JEWISH	KITCHEN			TIME BLOCK REQUESTED			STAR	T TIME OF EVENT	
ECUMENICAL	CLASSROOM(S)		5)						
OTHER	PARKING LOT			ADDITIONAL DATE			DAY	DAY OF WEEK	
N/A OTHER COMMENTS (If additional dates/times were entered,			torad	TIME BLOCK REQUESTED			CTAD.	T TIME OF EVENT	
please explain)				THIVIE BLOCK REQUESTED		SIAN	START THE OF EVERY		
				ADDITIONAL DATE		DAY (DAY OF WEEK		
				TIME BLOCK REQUESTED			STAR	T TIME OF EVENT	
REQUESTOR CONTACT INFORMATION									
RANK/NAME UNIT/AFFLIATION				EMAIL					
HOME PHONE WORK PHONE			PHONE	PREFERRED METHO			THOD OF (1OD OF CONTACT	
FACILITY USE AGREEMENT									
By signing I acknowledge that:									
a. I cannot publicize or make final arrangements <u>until the scheduler has confirmed approval of this request.</u>									
b. I will work with the assigned Chaplain/Enlisted Support Staff in finalizing arrangement									
c. I will NOT use any equipment, supplies, or areas not specifically authorized on this form d. I will ensure the facility is clean following the activity (to include trash removal/recycling)									
e. I will return the facility to its original configuration displayed in Annex unless special arrangements have been made									
with scheduler/enlisted support staff.									
f. I will not enter facility before TIME BLOCK REQUESTED and will vacate the building by TIME BLOCK END.									
g. Prior to the activity, visiting clergy must contact the senior Chaplain for coordination and approval									
h. Non-compliance of this agreement may result in notification of my supervisor and/or loss of facility use for my unit/organization. *PLEASE NOTE: CHAPEL PROGRAMS TAKE PRECEDENCE OVER ANY SCHEDULING CONFLICTS									
SIGNATURE DATE									
SIGIWITORE STATE									
THIS SECTION IS FOR CHAPEL STAFF/SCHEDULER ONLY									
	COORDINATION INITI		INITIAL	ıLS		DATE		CONFLICT?	
SCHEDULER	CHECK DATE/T	IME					YES (F	Return to requestor)	
WING	APPROVAL								
CHAPLAIN/NCOIC							NO		
SCHEDULER	SCHEDULED)							