

19 AW/HC FACILITY REQUEST FORM

I. PROGRAM INFORMATION

PROGRAM TITLE:	FAITH GROUP, UNIT, OR ORGANIZATION:
LOCATION: Building 950: Room requesting:	Additional rooms (if needed):

II. SCHEDULING INFORMATION

DATE OF EVENT:	Time facility is needed including set up and clean up	START TIME OF EVENT:	END TIME OF EVENT:
	FROM:	TO:	

RECURRING PROGRAM INFORMATION

STARTING DATE:	ENDING DATE:	
Day of the Week:		
Day of Month:		
Month:		
KEY/DOOR CODE? YES NO	NUMBER EXPECTED TO ATTEND:	ADDITIONAL COMMENTS/INFORMATION:

COMMENTS conti:

III. REQUESTER INFORMATION

By signing this form, I agree to abide by the regulations, rules and responsibilities for use of the Chapel facilities, including those found on the reverse side of this form NOTE: The use/consumption of any alcoholic beverages, other than for religious rites is strictly prohibited.

NAME OF REQUESTER: (LAST, FIRST MI.)	PHONE(WORK):
E-MAIL ADDRESS:	PHONE(HOME):
SIGNATURE:	Date:

IV. WEDDING INFORMATION

BRIDE:	PHONE: (work/home)	E-MAIL ADDRESS:	
GROOM:	PHONE: (work/home)	E-MAIL ADDRESS:	
WEDDING COORDINATOR:	PHONE: (work/home)	E-MAIL ADDRESS:	
SPONSORING CHAPLAIN & DENOMINATION:			
REHEARSAL DATE:	REHEARSAL TIME:	WEDDING DATE:	WEDDING TIME:

V. APPROVAL INFORMATION

PRINTED NAME (LAST, FIRST MI.)	SIGNATURE	DATE
FACILITY MANAGER:		
SPONSORING CHAPLAIN (if applicable):		
WING CHAPLAIN / SUPERINTENDENT:		

VI. PROCESSING INFORMATION

DATE ENTERED IN CALENDAR	DATE REQUESTER NOTIFIED	SCHEDULER SIGNATURE
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CHAPEL GUIDELINES

The Chapel Staff is eager to assist you. The Chapel Facility has been made available to you for your convenience. We ask that you help us by observing the following guidelines:

1. **SECURITY:** By signing out a key or acquiring the door code, you are assuming responsibility for ensuring the building is secured before leaving, as well as making sure the lights have been turned off (to include the bathrooms), windows have been closed and locked, and all exterior doors have been secured.
2. **Annex:** If you are using the Annex or classrooms, please ensure the tables and chairs are set up according to the layout it is in prior to your event. Ensure all trash cans/bags have been emptied and replaced. Be sure to sweep and mop before leaving. Mops and brooms are located in the kitchen, by the refrigerator.
3. **KITCHEN:** If it is used, the kitchen must be cleaned to include the stove (if used). Ensure all left over items have been disposed of properly. Please make sure that if your group uses any of the chapel's dishes or utensils that they are cleaned, dry, and put back where you found them. Ensure all trash cans/bags have been emptied and replaced. Be sure to sweep and mop before leaving. *(We ask that you provide your own coffee, cups and condiments for your event, as well as your own table covering, etc. unless this is an official chapel program).*
4. **SMOKING:** No smoking is permitted inside the Chapel facilities. There is a designated smoking area over by the dumpsters, outside the south entrance of the Chapel facility.
5. **ALCOHOLIC BEVERAGES:** Alcoholic beverages are prohibited in all Chapel facilities, except Sacramental wine approved by the Wing Chaplain.
6. **GENERATED FUNDS:** No revenue or funds may be generated on Chapel premises with the exception of donations made to the Chapel Tithes and Offering Fund.
7. **EXPIRATION OF REQUEST:** All Recurring Facility requests shall expire the following September. If you wish to renew a request for a recurring event, please do so by 1 Oct. Any single event requests shall expire after that event has taken place.
8. **Please be advised that Chapel functions/activities & military events can, and shall, take precedence over non-chapel/military functions if the need arises.**
9. **FACILITIES:** Chapel sanctuary, nave, and denomination specific rooms are only for Religious activities. Religious facilities shall not have **permanently** displayed faith group symbols in the chapel sanctuary, chancel, or nave and shall be returned to a neutral setting after use.

I agree to uphold guidelines I have just read. I understand if the guidelines are not adhered to, it may result in the loss of future use of the Chapel facilities. By signing this request, I agree to uphold Chapel policies and procedures.

Signature: _____ Date: _____