

CHAPEL CENTER RESERVATION REQUEST FORM
(PLEASE PRINT CLEARLY)

I. Usage Policy. Please review and sign the attached USER AGREEMENT AND GUIDELINES FOR CHAPEL FACILITY USAGE.

II. Event Information

NAME OF EVENT: _____

DATE: _____ START TIME: _____ END TIME: _____ GROUP SIZE: _____

Recurring event? Yes No. If yes, specify dates: _____

SPACE REQUESTED:
(Check all that apply.)

<u>Site</u>	<u>Room or facility</u>	
<input type="checkbox"/> Capodichino	<input type="checkbox"/> Main chapel	<input type="checkbox"/> SS East side chapel
<input type="checkbox"/> Support site (SS)	<input type="checkbox"/> Fellowship hall	<input type="checkbox"/> Kitchen
_____	<input type="checkbox"/> SS Classroom	<input type="checkbox"/> OTHER: _____
	(Weekdays until 1600)	

If a wedding, name of Officiant: _____

III. Contact Information

NAME OF REQUESTOR: _____ RATE/RANK: _____

BRANCH OF SERVICE: Active _____ Retired _____ Civilian _____

MAILING ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____ E-MAIL: _____

PRIVACY ACT STATEMENT: Under authority of 5 USC.301 Departmental Regulations, information is requested to identify applicants for use of chapel for special religious services, classes or other events. The information will be used by the Chapel Center for identification purposes. COMPLETION IS OPTIONAL; HOWEVER, FAILURE TO COMPLY COULD RESULT IN DENIAL OF REQUEST.

REQUESTOR SIGNATURE AND DATE

IV. Staff Action

Approved & Scheduled Disapproved Notified Requestor

Reason for Disapproval: _____

Staff Signature & Date: _____