



# NELLIS AFB CHAPEL FACILITY REQUEST FORM



REQUESTOR INFORMATION			
Requestor Name:		Today's Date:	
Contact Number:		Organization:	
Alternate Number:		Email Address:	
EVENT INFORMATION			
Event Name:	Event Date:	Number of Participants:	
<input type="checkbox"/> One Time Event		<input type="checkbox"/> Recurring Event	
If Recurring, provide details: Day of Week:		Start Date:	End Date:
EVENT DETAILS			
Set-Up Start Time:	Event Start Time:	Event End Time:	
Type of Event:	<input type="checkbox"/> Catholic <input type="checkbox"/> Funeral-Memorial Svc	<input type="checkbox"/> Protestant <input type="checkbox"/> Ecumenical-Interfaith	<input type="checkbox"/> Jewish <input type="checkbox"/> Unit Function
<input type="checkbox"/> Islamic <input type="checkbox"/> Other			
EVENT DESCRIPTION			
Provide As Much Detail As Possible:			
ALTERNATE POINT OF CONTACT			
Name:		Phone:	
Email:			
SPACE DESIRED			
CHAPEL BUILDING (615)		CHAPEL ANNEX (617)	
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Blessed Sacrament Room	<input type="checkbox"/> Classroom 3 & 5	<input type="checkbox"/> Classroom 8 & 10
<input type="checkbox"/> Basement	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Classroom 4 & 6	<input type="checkbox"/> Classroom 11 & 13
<input type="checkbox"/> Fellowship Room		<input type="checkbox"/> Classroom 7 & 9	<input type="checkbox"/> Classroom 12 & 14
SUPPORT / SET UP			
ENLISTED SUPPORT REQUIRED?		KEY REQUIREMENT	
YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO    Key Issued:      Date Key Due:	
If yes, provide justification:			
SET-UP SPECIFICATIONS?			
(Not All Events Qualify for Set-Up Support)			
ACKNOWLEDGEMENT			
Signing this sheet implies that you have read and will comply with all regulations on back of this facility request.			
Requestor Printed Name:		Signature:	Date:
FOR OFFICE USE ONLY			
1. Scheduler Signature	Date	2. NCOIC, Base Chapel Signature	Date
<input type="checkbox"/> CONFLICT <input type="checkbox"/> NO CONFLICT		<input type="checkbox"/> REVIEWED <input type="checkbox"/> CONFLICT RESOLVED	
3. Wing Chaplain Signature (Or Deputy)	Date	4. Chaplain Corps Sponsor Signature	Date
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> ACKNOWLEDGED	



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## CHAPEL FACILITY USAGE COMPLIANCE STATEMENT

PLEASE READ EACH STATEMENT BELOW, INITIALING EACH TO CONFIRM THAT YOU UNDERSTAND AND WILL ABIDE BY THE PROCESSES AND PROCEDURES THAT GOVERN THE USE OF CHAPEL-MANAGED FACILITIES.

- \_\_\_\_\_ 1. BY ORDER OF THE WING CHAPLAIN, IF YOU FAIL IN ANY OF THE FOLLOWING RESPONSIBILITIES, YOU WILL LOSE YOUR PRIVILEGE TO USE CHAPEL FACILITIES!
- \_\_\_\_\_ 2. ALL REQUESTS ARE CONSIDERED TENTATIVE UNTIL APPROVED/CONFIRMED VIA EMAIL.
- \_\_\_\_\_ 3. I UNDERSTAND THAT CHAPEL-SPONSORED MAJOR FAITH GROUPS HAVE PRIORITY USE OF CHAPEL FACILITIES. PRIORITY OF SCHEDULING ACTIVITIES IS 1. WORSHIP, 2. RELIGIOUS EDUCATION, 3. FELLOWSHIP, 4. OUTREACH.
- \_\_\_\_\_ 4. IF MY REQUESTED DATE/TIME CONFLICTS WITH AN ALREADY SCHEDULED EVENT, I WILL BE OFFERED AN ALTERNATE TIME/DATE.
- \_\_\_\_\_ 5. I UNDERSTAND THAT NON-CHAPEL ORGANIZATIONS WILL SET-UP THEIR OWN FUNCTION AND FURNISH THEIR OWN SUPPLIES AND EQUIPMENT (PAPER PLATES, CUPS, COFFEE, SUGAR/CREAMER, PROJECTORS, TV/VCR, ETC). THE OFFICE OF THE WING CHAPLAIN IS NOT RESPONSIBLE FOR PROPERTY AND DOES NOT PROVIDE STORAGE FOR ITEMS.
  - o SET-UP THE NIGHT BEFORE IS PROHIBITED. GROUPS USING THE FACILITIES TO EXCEED MORE THAN ONE DAY MUST SET UP AND TAKE DOWN THEIR SET-UP DAILY.
- \_\_\_\_\_ 6. IF EVENT/ACTIVITY IS BEING HELD AFTER DUTY HOURS (0730-1630 MON-FRI) I ASSUME FULL RESPONSIBILITY FOR BUILDING SECURITY.
- \_\_\_\_\_ 7. I UNDERSTAND THAT SMOKING IS NOT ALLOWED WITHIN ANY CHAPEL FACILITIES.
- \_\_\_\_\_ 8. I UNDERSTAND THAT ALCOHOLIC BEVERAGES ARE FORBIDDEN IN CHAPEL FACILITIES OR ON CHAPEL PROPERTY, WITH THE EXCEPTION OF SACRAMENTAL WINES DURING RELIGIOUS SERVICES.
- \_\_\_\_\_ 9. SANCTUARY SOUND SYSTEM/PROJECTOR/AV SYSTEM MAY NOT BE OPERATED BY NON-AUTHORIZED PERSONNEL.
- \_\_\_\_\_ 10. EVENTS REQUIRING USE OF THE KITCHEN MUST RECEIVE A SAFETY/ORIENTATION BRIEFING FROM THE PROGRAM SUPPORT OFFICE STAFF.
- \_\_\_\_\_ 11. WITH THE EXCEPTION OF RECURRING EVENTS, I WILL RETURN SIGNED-OUT KEYS ON THE FIRST DUTY DAY FOLLOWING THE EVENT.
- \_\_\_\_\_ 12. IF I SIGN OUT A KEY FOR A RECURRING EVENT, I AM RESPONSIBLE FOR THE KEY. I WILL NOT PASS IT ALONG TO OTHER UNAUTHORIZED PERSONNEL.
- \_\_\_\_\_ 13. ALL ROOMS MUST BE LEFT CLEAN AND RETURNED TO THEIR ORIGINAL CONFIGURATION AND TRASH MUST BE TAKEN OUT TO THE DUMPSTER FOLLOWING YOUR EVENT. FAILURE TO DO SO MAY RESULT IN LOSS OF PRIVILEGE TO UTILIZE THE CHAPEL FACILITY.
- \_\_\_\_\_ 14. I UNDERSTAND IF I DO NOT CLEAN THE AREA I WAS RESPONSIBLE FOR THAT I WILL BE CALLED IN AND IF I CANNOT BE CONTACTED MY ALTERNATE POINT OF CONTACTED WILL BE CALLED IN.
- \_\_\_\_\_ 15. I UNDERSTAND THAT IAW 52-105V1, PARA. 4.1.2.3., NON-RELIGIOUS ACTIVITIES ARE PROHIBITED IN THE SANCTUARY, CHANCEL, AND NAVE OF THE CHAPEL. FOR CLARIFICATION, SPEAK TO THE WING CHAPLAIN.
- \_\_\_\_\_ 16. THIS REQUEST IS SUBJECT TO THE PRIVACY ACT OF 1974 WHEN COMPLETED.

SIGNATURE:	DATE:
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