

## CHAPEL FACILITIES RESERVATION REQUEST FORM

<b>Day &amp; Date of Event</b>	<b>Date of Request</b>	<b>Key Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date Key Issued:</b> <b>Facility Manager Initials:</b>
<b>Facility Requested</b> ( <i>*CHAPEL RELIGIOUS ACTIVITIES TAKE PRECEDENCE OVER NON-CHAPEL PROGRAMS</i> )			
<input type="checkbox"/> Annex/Kitchen (Bldg 3720)	<input type="checkbox"/> Sanctuary (Bldg 3720)	<input type="checkbox"/> FLC Room 100 (Bldg 3721)	<input type="checkbox"/> FLC Room 200 (Bldg 3721)
<input type="checkbox"/> Blessed Sacrament (Bldg 3720)	<input type="checkbox"/> FLC Room 104 (Bldg 3721)	<input type="checkbox"/> FLC Room 107 (Bldg 3721)	<input type="checkbox"/> FLC Room # _____ (Bldg 3721)
<b>NOTES:</b>			
<b>Activity:</b> <input type="checkbox"/> WEDDING <input type="checkbox"/> BAPTISM <input type="checkbox"/> CHOIR REHEARSAL <input type="checkbox"/> WEDDING REHEARSAL <input type="checkbox"/> MEETING <input type="checkbox"/> CLASS <input type="checkbox"/> DINNER  <input type="checkbox"/> OTHER (SPECIFY)			
<b>Name of Event:</b>		<b>Estimated Attendance:</b>	
<b>Requestors Name &amp; Office Symbol:</b>		<b>Home Phone:</b>	<b>Email:</b>
		<b>Work/Cell Phone:</b>	
<b>Time Facility is Needed</b>	<b>From</b>	<b>To</b>	<b>Actual Time of Function</b>
<b>Is this event recurring:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state the recurrence.		<b>Equipment Required:</b> (Training may be required 24 hrs. prior to the event). <input type="checkbox"/> Computer <input type="checkbox"/> TV/VCR <input type="checkbox"/> Smartboard  <input type="checkbox"/> Portable Sound System <input type="checkbox"/> <b>Other (Please Specify)</b>	
<b>THE FOLLOWING ITEMS WILL BE COMPLIED UPON COMPLETION OF YOUR PROGRAM WITHOUT EXCEPTION.</b> If any item on the list that has not been completed satisfactorily, the signatory will be expected to do so immediately upon notification. If not, Chapel Facility usage privileges for that organization may be suspended.			
<input type="checkbox"/> <b>Coffeepots cleaned/shut off. (Non-chapel functions must provide their own supplies)</b> <input type="checkbox"/> Kitchen appliances cleaned and put back in original location/state. <input type="checkbox"/> <b>Stovetop scraped and cleaned of grease and food fragments.</b> <input type="checkbox"/> Used dishes cleaned with soap & antimicrobial sponge provided, dried with paper towels and put away. <input type="checkbox"/> <b>Counter tops cleared of all food debris.</b> <input type="checkbox"/> Kitchen surfaces cleaned with sanitizer and paper towels, NOT with antimicrobial sponge. <input type="checkbox"/> <b>Tables and chairs returned to original set up.</b> <input type="checkbox"/> Tables/chairs cleared of food debris, sanitized with cleaner & paper towels, NOT with antimicrobial sponge. <input type="checkbox"/> <b>All decorations: tape, ribbons, banners, etc....removed.</b> <input type="checkbox"/> Floors swept and mopped (ensure all black marks/shoe scuffs are removed). <input type="checkbox"/> <b>Trash cans emptied/bags replaced – trash taken to dumpster located next to Annex behind Subway.</b> <input type="checkbox"/> Doors/windows shut and secured. <input type="checkbox"/> <b>Bathrooms wiped down and neat. Ensure lights are turned off.</b> <input type="checkbox"/> Carpets vacuumed. (Vacuum is located in hallway cleaning closet.) <input type="checkbox"/> <b>Sanctuary returned to its original clean and religiously neutral configuration.</b> <input type="checkbox"/> Sound system master power switch and computer shut off. <input type="checkbox"/> <b>KEYS ARE NOT TO BE LOANED TO ANYONE OTHER THAN PERSON SIGNING THEM OUT AND NOT TO BE USED FOR ANY TIME OTHER THAN TIME SCHEDULED ON THIS FACILITY REQUEST FORM.</b>			
*** Please note that all cleaning supplies are located under the kitchen sink or in the hallway cleaning closet of all buildings.			

**(NOTE: ALCOHOLIC BEVERAGES ARE NOT PERMITTED IN ANY CHAPEL FACILITY)**

By signing below, you agree that you have read and understand the above information provided on the use of Base Chapel Facilities.

\_\_\_\_\_  
Signature/Date  
Requestor

\_\_\_\_\_  
Signature/Date  
Chapel Facility Manager

**WEDDING INFORMATION**

Chaplain/Priest/Minister (performing service):

Ordination Certificate/Faculties Required:  
Received by/On File:

Name and Address of Civilian Church:

	Name	Home Phone	Work Phone	Denomination
Groom				
Bride				
	Chapel	Date	Time From	Time To
Rehearsal				
Wedding				

**FOR OFFICE USE ONLY**

Chapel Facility Manager:

Date

**Scheduling Conflict**☐ YES☐ NO

Requestors Comments/Concerns:

Staff Comments/Concerns:

Facility Form updated: November 2022