



MALMSTROM AFB CHAPEL FACILITY REQUEST FORM

Phone: (406) 731-3721 DSN: 632-3721
Please send all request to 341mw.hwworkflow@us.af.mil



Date Submitted: Time Submitted:

Note: Please allow at least 5 duty days for coordination

RANK/NAME:		ORGANIZATION:	
WORK #:	HOME#:	POC's E-MAIL (must have):	
EVENT NAME and BRIEF DESCRIPTION:		PLEASE CHECK ONE:	
		RECURRING <input type="checkbox"/>	ONE TIME <input type="checkbox"/>
ESTIMATED # OF ATTENDANCE:		DATE OF EVENT:	END DATE OF EVENT <i>(If reoccurring):</i>
		ACTUAL TIME OF EVENT:	
START TIME: (Please include set-up time)	END TIME: (Please include clean-up time)	PLEASE CHECK ONE: Note: If you have an event that requires a practice, please submit two separate forms <input type="checkbox"/> Worship Service <input type="checkbox"/> Bible Study <input type="checkbox"/> Meeting <input type="checkbox"/> Social <input type="checkbox"/> Baptism <input type="checkbox"/> Wedding <input type="checkbox"/> Wedding Rehearsal <input type="checkbox"/> Other (specify) _____	
CHECK ALL APPLICABLE SECTIONS: <input type="checkbox"/> Annex <input type="checkbox"/> Sanctuary <input type="checkbox"/> Conference Room <input type="checkbox"/> Kitchen – Must Schedule a Kitchen Food Safety Brief Appointment <input type="checkbox"/> Class Room# _____ <input type="checkbox"/> Other (specify) _____			
SPECIAL EQUIPMENT:		KEY REQUIRED? Y <input type="checkbox"/> N <input type="checkbox"/> Must Schedule a Facility Brief Appointment	
DV in ATTENDANCE? (O-6 and above or Civilian Equivalent) (If so, please provide rank and name)		Y <input type="checkbox"/> N <input type="checkbox"/>	

CHAPEL STAFF COORDINATION

Sponsoring Chaplain: Initials: Date:

For non-chapel events:

Wing Chaplain Initials: _____ Date: _____

Chaplain Assistant Needed: Y N

Chapel, NCOIC Initials : _____ Date: _____

SCHEDULER INFORMATION

Conflict: N Y If yes, explain: _____

Date Entered In Calendar: _____ Completed By: _____

PLEASE SIGN THE BOTTOM OF PAGE 2 – CAC signature is preferred

CHAPEL FACILITY AGREEMENT

REQUEST FOR USE OF CHAPEL FACILITY:

- 1) I understand that:
 - a) This form is only a request. It is my responsibility to ensure the facility request is submitted in a timely manner.
 - b) I cannot publicly announce or make final arrangements for use of this facility until I have received written verification (via e-mail) that this request has been approved. This form merely reserves the space. Finalizations of all plans must be coordinated with a chapel staff member.
 - c) I must have a chaplain sponsor the event.
 - d) If this event begins or ends after duty hours, I must schedule an appointment to receive the facility briefing and sign out a building key 48 Hrs. prior to the event. The key will be returned within 2 following duty days of the events completion.
 - e) ***Alcoholic beverages are strictly prohibited.***
 - f) Children must **always** be supervised **and not left unattended**. Children are not allowed to run throughout the building.
 - g) If this request is not for a chapel function (chapel sponsored), I will not have use of any equipment other than tables/chairs. It will be approved by Wing Chaplain as well.
 - h) I am responsible for returning the facility to its original condition.
NOTE: Please do not place anything on the walls/ceilings/pews that may cause damage. (i.e. tape, nails, tacks, etc).
 - i) I am responsible for disposing of all trash prior to vacating facility. (There is a dumpster located at the administrative parking lot.)
 - j) I will ensure that lights and all appliances used during my event are turned off prior to vacating facility during non-duty hours. All exterior entry lights will remain ON during non-duty hours.
 - k) **If use of the kitchen is required for my event, I must schedule an appointment to receive the Kitchen Food Safety brief before the event will be approved. After the event I will ensure that all kitchen items used will remain in the facility.**
 - l) **I will ensure that the facility is secured prior to vacating facility during non-duty hours. (This includes all interior/exterior doors) I will also check all doors regardless if I opened them or not.**
 - m) I will vacate the facility no later than the end of the time reserved and not come in earlier than the reserved time.
 - n) Chapel sponsored activities may take precedence for use of chapel facility.
(NOTE: A member of the chapel staff will notify you of any changes).
 - o) Any changes to this request will be re-coordinated with a new facility request.
 - p) If my scheduled event is canceled, I will notify the chapel as soon as possible.
 - q) I agree that any damage to the facility during my scheduled event is my responsibility and will fix or replace the damaged area.
 - r) I understand that there is to be **NO *receptions, socials, or gatherings*** to be held in the Chapel Facility following a wedding ceremony.
 - s) ***I am in full understanding that if I do not adhere to the above requirements, future request for use of the facility will be denied.***
- 2) I have read and understand the agreement stated above.

Printed Name:

Signature: