

**FT Sill RELIGIOUS SUPPORT FACILITY  
RESERVATION AND REQUEST FORM  
(NON WEDDING)**

**EVENT INFORMATION:  
MUST BE FILLED OUT IN FULL**

Company and Battalion using the building: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Start Time: \_\_\_\_\_

Title of Event: \_\_\_\_\_ End Time: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**Rooms and equipment needed:  
Circle one and be Specific**

**Rooms:**

Sanctuary Fellowship Hall Classroom (How Many)\_\_\_\_ Kitchen Other  
(Specify)\_\_\_\_\_

**Equipment:**

Projector Screen Sound System Microphone (How many)\_\_\_\_\_

**POC INFORMATION (POC MUST ATTEND):**

**MUST BE FILLED OUT IN FULL**

***IF you are the POC you MUST ensure that your group cleans afterwards to include vacuuming if necessary and taking the bathroom trash out.***

POC Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Unit/Section: \_\_\_\_\_

Work/Unit Number: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Unit Commander Name: \_\_\_\_\_ Unit 1SG Name: \_\_\_\_\_

**POC READ AND INITIAL EACH STATEMENT BELOW:**

\_\_\_\_\_ I understand that Chapel related activities/events have priority, and this may cause my event to be cancelled or rescheduled.

\_\_\_\_\_ Signing out a key is to be done 24 hours PRIOR to the event.

\_\_\_\_\_ I understand that I will provide all supplies needed for my event, the chapel is not responsible for this. (To include copy paper.....)

\_\_\_\_\_ I understand that I am responsible for cleaning after my event and I will provide a cleaning detail if needed

# CLEANING POINT OF CONTACT:

## MUST BE FILLED OUT IN FULL, NO EXCEPTIONS

All training events are required to provide a by-name cleaning detail that will be designated to restore the chapel to its original form. WITH NO EXCEPTIOONS. Failure to do so will result in your request being denied.

>100 (2) Names    < 100 (3) Names

NCO: \_\_\_\_\_ Number: \_\_\_\_\_

Soldier: \_\_\_\_\_

Soldier: \_\_\_\_\_

**RETURN THE ATTACHED CHECK LIST TO THE NCOIC AFTER THE EVENT.**

I have read the terms of this contract and agree to accomplish these procedures and abide by these conditions of use. I understand that this is a government facility and any deviation from the terms of this agreement or failure to accomplish said terms will result in forfeiture of use. For unit functions, Commanders will be notified of violations. I understand that I am solely responsible to enforce this policy by all users during the event I have reserved the facility for.

\_\_\_\_\_  
Signature of Responsible Party/Requestor

\_\_\_\_\_  
Today's Date

### RESERVATION APPROVAL/DISAPPROVAL

No Reservation is approved and will not be put on the calendar until it is reviewed and signed by the Chapel NCOIC. No EXCEPTIONS

APPROVED / DISAPPROVED: Date \_\_\_\_\_

Date entered on Calendar: \_\_\_\_\_

SIGNATURE OF /NCOIC: \_\_\_\_\_ DATE: \_\_\_\_\_

Requestor was notified of confirmation on: \_\_\_\_\_.

By: \_\_\_\_\_.