

NAVAL BASE KITSAP RELIGIOUS MINISTRIES DEPARTMENT FACILITY REQUEST

Requesting Individual
(Rank, First MI Last Name)

Cell Number

Command/Organization and Phone Number

E-mail Address

Eligibility: (MUST possess valid Armed Forces/DoD I.D. card)

Active Duty Reservist Retired Military DoD Civilian Family Member

Branch of Service:

US Air Force US Army US Coast Guard US Navy US Marine Corps

Specific Purpose of Event: _____

Naval Base Kitsap- Bangor Chapel Complex

Main Chapel (seats 325)

Small Chapel (seats 60)

Conference Room (seats 22): Not available Tuesdays 1300 - 1400

Fellowship Hall (seats 50): Not available Monday – Friday from 0730 - 1600

Event Time and Date: _____
Start Time End Time Date

Request Access to Facilities from: _____
Entry Time Departure Time

Sound System: Will you need the facility's sound system? Yes No

Projector: Will you need to use the projector system? Yes No

Name and Phone Number of Person responsible for clean-up:

Name: _____ Telephone: (Cell) _____

(Work) _____

***** COMMANDS OR SPONSORS WILL BE CONTACTED IF FACILITIES ARE NOT CLEANED *****

Facilities are not available for ANY Federal and National Holiday.

Kitchen spaces are NOT available for any event use

*****CONTACT THE CHAPEL IF YOUR EVENT IS CANCELED*****

By signing below, you certify that you have received a handout of the chapel use rules, will read, and comply with each rule and regulation. Please understand that you are responsible to communicate the rules and regulations to your guests, that you are solely responsible for their actions, and that the submission of this application does not constitute approval of your request.

Signature: _____ Date: _____

Additional Remarks:

_____.

Forms can be e-mailed to nbkchapels@navy.mil, faxed to 360-396-4530 or returned to the Bangor Chapel 2900 Ohio St. Silverdale WA 98315. **Reservations cannot be confirmed until receipt of this form. All reservations are contingent upon mission requirements and priorities. All reservation confirmations will be acknowledged by email within 5 working days.**

For Staff Use Only

Date Application Received: _____

Received By (print): _____

Credo (Fellowship Hall only): _____

Signed By (E-7 or above): _____ Approved Not Approved

Input to Calendar and confirmation email sent by:

Staff member (Signature): _____ Date: _____