

CFAY Chaplain Services Request

Chapel of Hope

PSC 473 Box 10, FPO AP 96349-0010
DSN: (315) 243-6773 Off-Base: 046-816-6773

Name: _____ Command: _____

Description of Event (Examples: Change of Command, Retirement Ceremony, etc.)

Date of the Event: _____ Time of the Event: _____

Location of the Event: _____

Approximate Duration of the Event: _____

Request Type: Invocation Benediction Presentation (Speaker/Teacher, etc.)

Other (Please Describe) _____

Uniform: Khaki Dress Blues Summer Whites Dress Whites Civilian

Medals Large / Miniature Ribbons Gloves Cover Type _____

Primary POC for Event: _____

E-mail Address: _____ Phone: _____

Secondary POC for Event: _____

E-mail Address: _____ Phone: _____

Please note the following:

- 1. Request forms must be received a minimum of two weeks prior to any event.***
- 2. This request DOES NOT reserve any chapel facility for the event.***
- 3. If a rehearsal is required, please ensure the assigned chaplain is made aware.***
- 4. Chaplains are strictly prohibited from accepting payment in any form.***

The following to be filled out by chapel staff:

Date Request Received: _____ Date Assigned: _____

Chaplain Assigned: _____

Date Assigned Chaplain Confirmed With Event POC: _____

Notes: _____