

DEPARTMENT OF THE AIR FORCE
315 AW/HC
JB CHARLESTON

CHAPLAIN SERVICE REQUEST FORM

COORDINATION DIRECTIONS: Email request to 315 AW/HC (Chapel) org box 315.AW.HC@us.af.mil

Please have your request in NLT end of business on Saturday UTA prior to UTA request is scheduled for. Note that due to manning, the Chaplain may not be able to stay for the duration of the event.

REQUESTOR RANK/NAME:

UNIT / ORGANIZATION MAKING REQUESTING:

REQUESTOR E-MAIL:

REQUESTOR DUTY PHONE:

CELL OR OTHER PHONE # FOR CONTACT:

TYPE OF REQUEST: PLEASE SELECT ONE

INVOCATION BRIEFING TOPIC

OTHER CHAPLAIN SERVICE(S) REQUESTED (please be specific): **PLEASE ATTACH BIO IF NEEDED**

EVENT DESCRIPTION: (PLEASE BE SPECIFIC)

DATE (S) OF EVENT:

START TIME:

DURATION OF EVENT:

LOCATION: *(Please specify with bldg # and/or directions)*

ATTIRE: (please be specific)

DV's ATTENDING:

- -
 -
 -
-

PLEASE CIRCLE ONE: IF FUNCTION INCLUDES A MEAL, UNIT/ORGANIZATION

WILL **WILL NOT** PROVIDE A MEAL: (Note: If the meal is not included please list cost to Chaplain)

COMMENTS:

CHAPEL COORDINATION

CHAPLAIN ASSIGNED:

ASSIGNED CHAPLAIN NOTIFIED ON:

BY:

REQUESTOR NOTIFIED ON:

BY:

Version dated Nov 2015-all previous versions obsolete