

INVOCATION REQUEST FORM

Altus AFB Chapel

Phone: 580-481-7485 DSN: 866-7485

PLEASE SEND ALL REQUESTS TO THE 97 AMW/HC ORG BOX (97amw.hc.uc@us.af.mil)

AUTHORITY: 10 USC 8013

PRINCIPLE PURPOSE: Information is used to schedule chaplain support of unit and base functions.

ROUTINE USES: None

DISCLOSURE IS VOLUNTARY: Chapel support cannot be scheduled without all data requested.

Today's Date:

Name of Event:

Sponsoring Organization:

Location of Event:

Event Description:

Date of Event:

Start Time:

End Time:

Uniform/Attire Required For Chaplain *(describe)*:

Specific Chaplain Requested:

Chaplain Spouse Invited:

Meal Served:

Meal Provided To Chaplain:

Est. Cost Per Meal: \$

Additional Information/Special Instructions: (please email bio along with requests form)

Please write all family members names who will be in attendance and special guests invited by the member/s:

USER AGREEMENT: A) The requestor understands that due to the mission requirements of the Altus AFB Chapel, a Chaplain may not always be available to be present for events where an invocation is requested. B) In the event that the Chapel is unable to assign a Chaplain to be present at the event, a Chaplain will coordinate with the sponsoring organization to ensure an appropriate invocation is presented. C) Provided the Chapel is able to assign a Chaplain, he/she may have to leave immediately after an invocation is provided and not stay for the entire event. D) The sponsoring organization is not obligated to purchase the Chaplain's meal. E) A benediction shall not be planned for the conclusion of the event. F) A Chaplain has not been assigned to the event until the requestor receives written confirmation. F) Signature below indicates understanding of this agreement.

Requestor's Name (RANK First, MI, Last):

Phone #:

Signature:

E-mail:

FOR CHAPEL USE ONLY -- OFFICIAL COORDINATION

Request Received By:

Date Received:

Initials:

Chaplain Assigned:

Date Assigned:

Initials:

Chaplain Support: ☐ Chaplain will attend event, provide invocation & stay for duration.
☐ Chaplain will attend event & provide invocation only.
☐ No Chaplain available to attend. Assistance provided with invocation preparations.
☐ No Chaplain available to attend. No further assistance required.

Confirmation:

Confirmed By:

Date: