

RETURN FORM TO BFRT_CHAPLAINDEPT@usmc.mil

Marine Corps Air Station Beaufort

PO BOX 55010
MCAS Beaufort 29906



Chapel Facility Request Form

MCAS Beaufort Staff

CDR BERNARD BEZY	COMMAND CHAPLAIN
LT(SS) STEVEN SZELMECZKI	DEPUTY CHAPLAIN
RP2 (SW/AW/IW) KASSANDRA HOLMAN	BUILDING MANAGER

OFFICE PHONE NUMBER:	(843) 228-7775
OFFICE PHONE DSN:	228-7775
FAX PHONE NUMBER:	(843) 228-7576
FAX PHONE DSN:	228-7576

OFFICE HOURS ARE:
MON-THURS 0800-1500
FRI 0800-1200

(Office is closed daily from 1130-1300 for lunch)

Describe the type of event:

Date event is planned MM / DD / YYYY Time facility is needed: _____ to _____

*Event Authorized User Print Name: _____ contact (_____) _____

*The event Authorized User is the unit command designated individual appointed to accept responsibility for compliance, by all guests attending, with all regulations and requirements of facility usage.

BOX FOR STAFF USE ONLY. PLEASE CONTINUE ON THE NEXT PAGE

CHECK POINT	INIT
APPLICATION	
DATE CONFLICTS	
ON CALENDAR	
APPROVAL	
NOTIFICATION	

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STATEMENT OF UNDERSTANDING OF FACILITY USAGE

General Guidance (initial _____)

- The use of the facilities for special religious services, ceremonies or training is scheduled on a not-to-interfere basis with regularly scheduled Command Religious Program events. The following order of priority governs the use of the facilities;
 - (1) Divine services
 - (2) Command Religious Program activities
 - (3) Any other authorized event
- Reservations will be placed in the facility usage calendar after approval by the MCAS Beaufort Command Chaplain or designated authority.
- Total scheduled event time must include pre-event set-up and post-event clean-up.
- Rehearsals required for the event are to be scheduled as separate events.
- **ABSOLUTELY NO** alcohol will be allowed on the premises.
- Events occurring before 0730 or after 1600 require special permission.
- Events will not be scheduled during holiday routines.
- Authorized User **must** make arrangements with the office at least **48 hours** prior to the event for access.
- The accompanying request form must be completely filled out and returned no later than 30 days prior to the requested date*.
- Upon review of the event by the staff, a pre-event planning and training meeting with the event Authorized User and assistants may be required prior to approval for usage.
- Relocation of any fixtures will not be allowed. (i.e. Altar, Pulpit, Chairs, Liturgical banners, organ, piano, etc.)
- Any modifications to the altar area **must** be pre-approved by the MCAS Beaufort Command Chaplain or designated authority.
- No food or drink of any kind is allowed in the Main Chapel.
- Smoking shall be done at designated areas only. No cigarette butts allowed in the building.
- The use of tapes, putty, thumb tacks, staples and nails on walls or pews is prohibited.
- After the event has concluded, it is the responsibility of the unit Authorized User to clean the requested space. The unit RP/CA/Rep will inspect and secure the space with their designated cleaning/working party. All trash and excessive particles from the event must be discarded. (Dumpsters are located on far side of parking lot)
- Please Reference SECNAVINST 1730.E RELIGIOUS MINISTRY WITHIN THE DEPARTMENT OF THE NAVY for the definition of "Authorized User"

NOTE: POST EVENT INSPECTION OF THE FACILITY WILL BE PERFORMED BY THE LPO. ANY CONDITIONS LEFT WITHOUT PROPERLY BEING CLEANED OR RETURNED TO SPECIFICATIONS WILL REQUIRE THE TENANT UNIT TO RETURN AND RESOLVE.

(Initial _____)

*: Some training evolutions and other special circumstances may be exempt from the 30 day notice rule. Contact the Staff for more information.

Guidance REGARDING GUESTS AND PARTICIPANTS (initial _____)

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- The Authorized User is responsible for making arrangements for base access of guests and for directions to the facility.
- Because this is a multi-usage facility, concurrent events may be scheduled. Upon request, information is available to the unit Authorized User regarding concurrent events and the expectation of parking congestion.
- All persons participating in or attending the event shall comply with current regulations concerning entry to the base and personal conduct while aboard, including the operation of private vehicles.
- Authorized Users should provide Point of Contact for their events.

KEY CHECK OUT (IF APPLICABLE) (initial _____)

- Keys may be checked out to the unit Authorized User, 24 hours in advance on weekdays and by close of business (COB) on Thursdays for weekend events. There will be a face to face turn over when issuing and receiving keys between the Staff and Authorized Users. Authorized Users must sign for keys in the key log book.

ASSISTANCE FOR EVENTS (initial _____)

- **Per Air Station Order 1730.6f**, it is the responsibility of the unit utilizing the facility to provide a Religious Program Specialist (RP), Chaplain Assistant (CA), or Unit Representative to ensure that all used areas are clean, all lights properly secured and offices are closed and locked. The staff will notify units failing to comply and will require them to return to complete these duties.
- Unit RP/ CA/ Rep will assist their unit Authorized User with the rigging and unrigging of the event. Special training may be required for utilizing some of the facility fixtures. Approval for facility usage is contingent upon completing any required training deemed necessary by the staff.

PRINT RANK/NAME OF UNIT RP/CA/Unit Rep _____

PHONE (____) _____

DUTY RP/CA/Unit Rep SIGNATURE _____ DATE _____

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MCAS Chapel Facilities Request Form

PRIVACY ACT STATEMENT: Under Authority of Department of Defense Regulations, information is requested to identify applicants only.

PRINT NAME OF UNIT _____

UNIT ADDRESS: _____

UNIT DUTY OR QUARTERDECK PHONE: _____

PRINT NAME OF AUTHORIZED USER

RANK/RATE _____ BRANCH OF SERVICE _____

AUTHORIZED USER STATUS: ACTIVE DUTY RESERVIST FRO

WORK PHONE: _____ MOBILE PHONE: _____

E-MAIL: _____

PART I - TYPE OF EVENT

COMMAND TRAINING SESSION OTHER: _____

ESTIMATE OF ATTENDENCE: _____

DATE/TIME OF EVENT: ____/____/____ FROM: _____ TO: _____

REHEARSAL DATE (IF APPLICABLE): ____/____/____ FROM: _____ TO: _____

PART II- FACILITY REQUESTED MARK ALL THAT APPLY

- MAIN CHAPEL
- SMALL CHAPEL
- KITCHEN
- SOUND SYSTEM
- FELLOWSHIP HALL: 1/3 HALL ENTIRE HALL
- COFFEE ROOM
- PARKING LOT

NUMBER OF TABLE/CHAIRS: ____/____

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PART III- AGREEMENT

I, (PRINT Rank/ Name) _____ certify that I have read and understand THE USAGE FORM and I agree to abide by the specifications contained therein. I also understand that;

- I am responsible for ensuring that the MCAS Beaufort facility is cleaned after the completion of use. I understand that if I fail to clean after using the facility, my unit will be required to return in order to clean. I further understand that any violation may result in reservation privileges for my military unit to be revoked.
- If there are any changes to be made regarding this event, I will promptly notify the staff at the MCAS Beaufort Chapel at (843) 228-7775 or by email.

These people listed below will be responsible for cleaning of the requested facility after the service:

1. AUTHORIZED USER: _____
2. _____
3. _____

PRINT NAME OF AUTHORIZED USER

SIGNATURE OF AUTHORIZED USER

COMMAND CHAPLAIN APPROVAL STATUS: APPROVED DISAPPROVED

REASON FOR DISAPPROVAL: _____

SIGNATURE OF COMMAND CHAPLAIN (designated authority) of MCAS Chapel:
