



Chaplain Request Form 4 FW/HC Seymour Johnson AFB



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COORDINATION INSTRUCTIONS: Complete data fields below with as much information as possible. Email this form to the 4 FW/HC Facility Org organization box (4fw.hcfacility@us.af.mil). Please allow a minimum of two weeks to coordinate a chaplain. Note that due to manning, the Chaplain may not be able to stay for the duration of the event.

Type of Request: Name of Event:

POC Rank/Name: POC Email:

Unit/Organization: POC Phone:

Alternate POC: Alt Email:

Event Description:

Date of Event: Time of Event: Anticipated Duration:

Location:

Uniform for Chaplain:

Is there a meal being served? Is the meal provided for the Chaplain?

If not provided, what is the cost of the meal to the Chaplain?

Additional Comments:

Signature *Thank you for the opportunity to serve you!*

CHAPEL COORDINATION

Chaplain Assigned:

Assigned Chaplain notified on: By:

Requestor notified on: By: