

NAFEC COMMUNITY CENTER USAGE REQUEST FORM

Date of Request: _____

Date of Event: _____

Time of Event: _____

PRIVACY ACT STATEMENT – Under authority of 5 U. S. C. 301, Departmental Regulations, information is requested to identify applicants for use of the Community Center. The On-site Manager or designee will use this information for identification and scheduling. Completion is required for Community Center use authorization.

PLEASE PRINT LEGIBLY:

Name: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

Status: (check one) Rate/Rank: _____ Branch: _____

Active Duty

Retired

Sponsor's Name: _____

Dependent

Reserve

Command: _____

Type of Event: _____

Signature of Requester: _____

-----FOR OFFICE USE ONLY-----

Approved:

Yes

No

(Chaplain Signature)

Date: _____

Signature for Authorization: _____

Date: _____