

MacDill AFB Chapel Wedding Reservation

ACTIVE DUTY <input type="checkbox"/>	ACTIVE DUTY DEPENDENT <input type="checkbox"/>	
RETIRED MILITARY <input type="checkbox"/>	RETIRED MILITARY DEPENDENT <input type="checkbox"/>	
ID CARD NUMBER:		
NAME OF REQUESTOR:		
ADDRESS:		
HOME PHONE:	CELL PHONE:	DUTY PHONE:
EMAIL ADDRESS:		
ORGANIZATION:	UNIT PHONE NUMBER:	
UNIT ADDRESS:		
WEDDING REHEARSAL DATE: (circle one)	TIME:	1700 1800 1900
WEDDING CEREMONY DATE: (circle one) (Saturday's ONLY)	TIME:	1000 1200 1400
ESTIMATED ATTENDANCE:		
BRIDE'S NAME: (Please print)	PHONE NUMBER:	
GROOM'S NAME: (Please print)	PHONE NUMBER:	
NAME OF CIVILIAN CLERGY:		
CREDENTIALS MUST BE RECEIVED PRIOR TO FINAL APPROVAL OF WING CHAPLAIN.		
(Circle one) YES NO		
TELEPHONE NUMBER:		
EMAIL ADDRESS:		
ARE YOU REQUESTING AN AIR FORCE CHAPLAIN? YES NO		
CHAPLAIN'S NAME:		
WEDDING COORDINATOR:		
I/we have received the chapel wedding policy booklet. We understand our responsibilities as a user of the MacDill AFB Chapel for our rehearsal and wedding as outlined in the booklet, by the wedding coordinator and by the Chaplain. We agree to immediately notify the chapel at (813) 828-3621 if there is any change to this request.		
REQUESTOR'S SIGNATURE:		
WEDDING INFORMATION RECEIVED ON _____ BY _____.		
CONFIRMATION SENT TO REQUESTOR ON _____ BY _____		
Confirmed in EMS Lite Reservation #		
WING CHAPLAIN SIGNATURE: _____		Current as of 14 February 2017