

ALTERNATE CHAPEL REQUEST

Requirement: Must be submitted at least 2 weeks prior to event

Name of Person Making Request: _____ Extension: _____ Mail Box #: _____

Title of Alternate Chapel: _____ Date of Chapel: _____

Beginning Time: _____ Ending Time: _____ Location: _____

Sponsoring Organization: _____ Estimated size of Audience: _____

Faculty Advisor's Signature: _____ Date Received in CM Office: _____

For Office Use

Function Code: _____

For Office Use

All Rooms Must Be Reserved Through Campus Events (Extension 6009)

PROJECTION EQUIPMENT

- Slide
- Overhead
- Video projector w/VCR
- TV w/VCR
- Portable Screen
- 16MM Movie Projector

AUDIO EQUIPMENT

- CD Player
- Cassette Player
- Record Presentation
- Portable PA
- Mics (number & type) _____
- Mic Stands _____
of straight _____
- # of boom _____
- Other Sound Equip
(please describe, i.e. monitors, guitar
or keyboard inputs, etc...) _____

SEATING ARRANGEMENT

- Theatre style
- Semi-circle
of chairs _____

MISCELLANEOUS

- Easel w/dry erase board
- Music stands
- Table(s) size(s): _____

*To ensure equipment availability,
ALL audio equipment needs must be
indicated upon submission of this
request form*

To be considered an alternate chapel a program must address in some way the integration of faith with all of life. Any alternate chapel should include content which helps participants to think about the ways in which the topic at hand relates to Christian theology, values, lifestyle or commitments. **REQUIRED: Please provide a brief description of this alternate chapel**

Any Residence Director holding an alternate chapel in their building may designate it open or closed. A closed alternate is only for residents of that building. An open alternate chapel is open to all students on campus. Open Closed

Associate College Pastor: _____ Date: _____

Campus Events Personnel: _____ Date: _____

Consideration for approval will not be granted unless all required signatures are obtained.

OFFICE USE:

Card Reader (circle one) 1 2 3 _____