## WEDDING CEREMONY RESERVATION FORM

J. Irving Whalley Memorial Chapel

The chapel rental includes a trained staff member to help with your needs, along with 2 hours for rehearsal and 5 hours the day of the ceremony. Please indicate times of the rehearsal and ceremony and times the chapel is needed to be opened and closed.

## Payment of \$800.00 must accompany this form.

(Make check payable to: University of Pittsburgh at Johnstown) .

Ceremony Day of Week	Month	Date		Year	
Rehearsal Time: *Rehearsal/decorati			p.m. or later		
Ceremony Start Time	<b>::</b> ]	Building Access T	imes—Start: _	End:	(5 hour maximum)
Catholic Ceremony:	yes or no please circle one)				
Bride/Groom: Last		First	M.I.	_Cell Phone:	
Home Address:					
Email Address:			_		
Bride/Groom: Last		First	M.I.	_Cell Phone:	
Home Address					
Email Address:					
University Affiliation	– Please Chec	k all that Apply			
Pitt-Johnstown Grad	uate	Current Stude	nt	Graduate of c	ther Pitt Campus
Pitt Employee	Child/Grar	ndchild of Pitt Gra	iduate C	hild/Grandchild	of Pitt Employee
*Please provide the r	name, relatio	nship, and year	of graduation	of your Univer	sity affiliate.
By signing, the couple Planning Guide, under	0	•		•	•

Signature: \_\_\_\_\_ Date: \_\_\_\_\_