

# RESERVATION FORM FOR WEDDING DATE

J. Irving Whalley Memorial Chapel

**Your chapel rental includes Conference Services staff to help with your needs for day of rehearsal: 2 hours and day of ceremony: 5 hours. Please indicate times of the rehearsal and ceremony and times the chapel is needed to be opened and closed.\***

## Payment of \$300.00 must accompany this form.

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

Cash in person only.

Enclosed is payment of \$300.00 to reserve the following wedding date:

### Ceremony

Day of Week \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

\*Rehearsal Time: \_\_\_\_\_ Ceremony Time: \_\_\_\_\_ Catholic Ceremony: yes or no  
2 hours: Open \_\_\_\_\_ Close \_\_\_\_\_ 5 Hours: Open \_\_\_\_\_ Close \_\_\_\_\_ (please circle one)

Name of Bride: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_ Office Telephone: \_\_\_\_\_

City State Zip Code

Email Address \_\_\_\_\_

Name of Groom: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_ Office Telephone: \_\_\_\_\_

City State Zip Code

### University Affiliation – Please Circle

UPJ Graduate Current Student Graduate of other Pitt Campus

Pitt Employee Child/Grandchild of Pitt Graduate Child/Grandchild of Pitt Employee

The University of Pittsburgh is committed to maintaining the privacy and confidentiality of Social Security numbers. The display of SSNs is being controlled, therefore, the use of a SSN as an identification number is being limited. **\*Please provide the name, relationship, and year of graduation of your University affiliation.**

By signing, the couple acknowledges that they have read the J. Irving Whalley Memorial Chapel Planning Guide, understand all the information, and agree to comply with the policies and guidelines.

(Signed) \_\_\_\_\_ Date \_\_\_\_\_

# FINAL INFORMATION FORM FOR WEDDING DATE

**Note: This form must be returned no later than three (3) weeks prior to your wedding date.**

**Your chapel rental includes Conference Services Staff to help with your needs for day of rehearsal: 2 hours and day of ceremony: 5 hours. Please indicate times for the rehearsal and ceremony and times the chapel is needed to be opened and closed.\***

FOR THE WEDDING OF \_\_\_\_\_ and \_\_\_\_\_  
Bride Groom

CEREMONY Date (mm/dd/yyyy) Time  
\*5 hours: Open \_\_\_\_\_ Close \_\_\_\_\_

REHEARSAL Date (mm/dd/yyyy) Time  
\*2 hours: Open \_\_\_\_\_ Close \_\_\_\_\_

Contact Name & Address

Street

City State Zip Code

Telephone Home ( ) Work ( )

Approximate No. of Guests Expected	No. of Bride's Attendants	No. of Groom's Attendants	No. of Flowergirls	No. of Ring Bearers	No. of Additional Ushers
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Musician(s)	Address	Telephone
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Vocalist(s)	Address	Telephone
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Photographer	Address	Telephone
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Videographer	Address	Telephone
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Florist	Address	Telephone
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Decorations Flowers on Altar \_\_\_\_\_ Bows on Pews \_\_\_\_\_ Aisle Runner \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Additional Music/Audio Needs (please be specific & indicate if using a pre-recorded CD or Cassette)

Signature of Bride Signature of Groom

Officiant Name Assisting Officiant Name

Parish/Congregation Parish/Congregation

Telephone Number Telephone Number