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________________________________

DLR: 11/16/12
FINAL INFORMATION FORM FOR WEDDING DATE

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

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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

Musician(s) Address Telephone

Vocalist(s) Address Telephone

Photographer Address Telephone

Videographer Address Telephone

Florist Address Telephone

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

DLR: 11/16/12