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 \$500.00 must accompany this form.

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

Ceremony Day of Week	0		Date		Year	
Rehearsal Time: *Rehearsal/decorat			m. or later			
Ceremony Start Tim	e: I	Building Access Tir	nes—Start: _	End:	(5 hour maximum)	
Catholic Ceremony:	yes or no (please circle one)					
Bride/Groom:				_Cell Phone:		
Last		First	M.I.			
Home Address:						
Email Address:						
Bride/Groom:				_Cell Phone:		
Last		First	M.I.			
Home Address						
Email Address:			_			
University Affiliation	n – Please Circ	le all that Apply				
Pitt-Johnstown Graduate		Current Student		Graduate of other Pitt Campus		
Pitt Employee	Child/Gran	dchild of Pitt Grad	uate C	hild/Grandchild	of Pitt Employee	
*Please provide the	name, relatioi	iship, and year of	graduation	of your Univer	sity affiliate.	
By signing, the couple Planning Guide, under	0	•		•	•	