Chapel Use Agreement

Rehearsal Date: ___________________________ Start Time: _______________ End Time: _______________
Wedding Date: ___________________________ Start Time: _______________ End Time: _______________
Expected Attendance: ______ (Pews seat 126) Extra Chairs? Yes No Quantity: _____ (max 100)

Bride’s Name: ___________________________________________ Phone: ____________________________
(Last) (First)
Address: ____________________________________________ City __________________________ State _____ Zip ________
Email: __________________________________________________
Rice Affiliation: _________________________________________
If alumni, specify your college: ________________________________

Groom’s Name: ___________________________________________ Phone: ____________________________
(Last) (First)
Address: ____________________________________________ City __________________________ State _____ Zip ________
Email: __________________________________________________
Rice Affiliation: _________________________________________
If alumni, specify your college: ________________________________

Responsible Party Signature: ___________________________ Date: _____________________________

Your signature acknowledges your understanding and willingness to adhere to the guidelines outlined in the Chapel Use Policies.

A non-refundable $385 deposit must be submitted with this agreement. Check #: _____________________________

Revised 06/27/13