



Ley Student Center
Rice Memorial Center
Chapel & Cloisters

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.

SC Event Coordinator: _____ Date: _____

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

Revised 06/27/13