WEDDING RESERVATION FORM

PLEASE COMPLETE AND RETURN WITH \$500 FEE

(Payable to Loyola University MD) – Mail to:

Wedding Coordinator, Campus Ministry Loyola University Maryland 4501 N. Charles Street Baltimore, MD 21210-2699

Wedding Date:		Time:	
Rehearsal Date:	earsal Date:Time:		
NOTE: Please do not set a rehear Campus Ministry O <u>f</u>	sal date and time until y fice by calling 410-617-2		
Groom's Full Name:	Religion:		
Address:	City:	State:	Zip:
Phone Numbers: (C)	(W)		
Email Address:			
Loyola Class Year or Affiliation:			
Parish / Church:	Pastor:		
Address:	City:	State:	Zip:
Bride's Full Name:	Religion:		
Address:	City:	State:	Zip:
Phone Numbers: (C)	(W)		
Email Address:			
Loyola Class Year or Affiliation:			
Parish / Church:	Pastor:		
Address:	City:	State:	Zip:
Officiating Clergy Name:			
Parish / Church:			
Address:	City:	State:	Zip:
Email Address:			
Phone: (H or C)	(W)		
Catholic Ceremony (with Mass)	Catholic Ceremony (no Mass)		
Non-Catho	lic Ceremony		

NOTE: Please do not delay completing this form, since no final confirmation can be made until the **FULLY** completed form is returned with payment.