

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: _____ Time: _____

*NOTE: Please do not set a rehearsal date and time until you check with the
Campus Ministry Office by calling 410-617-2768.*

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-Catholic 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.*