

Wedding Reservation Request

Today's Date: _____

Bride	Groom
Name: _____	Name: _____
Organization: _____	Organization: _____
Home address: _____	Home address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Valid Military ID? YES NO	Valid Military ID? YES NO

Rehearsal Date: _____	Wedding Date: _____
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Chapel Center		West Gate Chapel	
Rehearsal Blocks (Fri)	Wedding Blocks (Sat)	Rehearsal Blocks (Fri)	Wedding Blocks (Sat)
1500-1600	1000-1200	1600-1700	1100-1300
1600-1700	1230-1430	1700-1800	1330-1530
1700-1800	1500-1700		

I have received wedding guide and I understand that the dates and/or times requested are not reserved for me until they have been reviewed and coordinated. _____
(Your Signature)

FAITH GROUP: (Circle One)	Protestant	Catholic	Other: _____
Sponsoring Chaplain: _____	Civilian Minister Name: _____		
	Civilian Minister Phone: _____		
	Ordination Certificate Received: YES NO		

WEDDING COORDINATORS NAME: <small>(This request will not be filed until the coordinators name has been received)</small>
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Chapel Staff Only			
	Initial	Date	Remarks:
Sponsoring Chaplain			
Scheduling CA			
Senior Chaplain			