

Glavin Family Chapel Wedding Reservation Request

Person Reserving Chapel: _____ Babson Affiliation _____
Address: _____ City _____ State _____ Zip _____
Home Phone #: _____ Work Phone #: _____ Email _____
Desired Wedding Date & Time: _____ Ceremony Begins: _____
2nd Choice for Date & Time: _____ Ceremony Begins: _____
Desired Rehearsal Date & Time: _____ Rehearsal Begins: _____
2nd Choice Rehearsal Date & Time: _____ Rehearsal Begins: _____
Number of guests _____

Personal Information

Bride's Full Name: _____ Religious Affiliation: _____
Address: _____ City _____ State _____ Zip _____
Home Phone #: _____ Work Phone #: _____ Email _____

Groom's Full Name: _____ Religious Affiliation: _____
Address: _____ City _____ State _____ Zip _____
Home Phone #: _____ Work Phone #: _____ Email _____

If alums, do you wish to have *The Babson Alumni Magazine* notified of your marriage? _____

Clergy Information

Name of Clergy Person to Officiate _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____

For Internal Use Only

Date Received:
Initials: